



NAME: \_\_\_\_\_ SCC ID No.: \_\_\_\_\_

SSN: \_\_\_\_\_ VA FILE No.: \_\_\_\_\_  
*(If different from SSN)*

I understand that if I add or drop a class at any time during the semester I will immediately inform the VA Office at SCC. I also understand that if I change programs, I must notify the VA Office at SCC. I realize that I am required to keep the VA Office at SCC aware of any change in my Phone Number and / or Address.

Please certify me for the semester that I have selected below.

CHECK ONLY ONE SEMESTER

BENEFIT

\_\_\_\_\_ Fall 2019

\_\_\_\_\_ CHAPTER 30 (Montgomery GI Bill)

\_\_\_\_\_ Spring 2020

\_\_\_\_\_ CHAPTER 31 (Vocational Rehabilitation)

\_\_\_\_\_ Summer 2020

\_\_\_\_\_ CHAPTER 33 (Post 9/11 GI Bill)

\_\_\_\_\_ CHAPTER 35 (Dependent's Education Assistance)

\_\_\_\_\_ CHAPTER 1606 (Reserves)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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