

# Certification Request for Veterans Educational Benefits



◆ Admissions Office ◆ P.O. Box 828 ◆ Abingdon, VA 24212 ◆ 276-739-2460 ◆ 276-739-2590 FAX

*Complete Each Semester After You Have Finalized Your Enrollment*

General Information		
Name (First, Middle, Last)	Student Empl ID # or Social Security #	
Street Address	Primary Phone	Secondary Phone
City/State/Zip	Official VHCC Student E-mail address <span style="float: right;">@ email.vccs.edu</span>	
Veterans Educational Benefit		
Have you used your VA educational benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", where?
If "No" ~ If first time using VA educational benefits, complete form 22-1990 (veteran) or 22-5490 (spouse/dependent) at <a href="http://www.gibill.va.gov">www.gibill.va.gov</a> . If you have received VA educational benefits <b>while attending another school</b> , complete form 22-1995 (veteran) or 22-5495 (spouse/dependent).		
<input type="checkbox"/> Chapter 30 (Montgomery GI Bill)	<input type="checkbox"/> Chapter 31 (Vocational Rehabilitation)	<input type="checkbox"/> Chapter 33 (Post 9/11)
<input type="checkbox"/> Chapter 35 (Dependents/Spouse)	<input type="checkbox"/> Chapter 1606 (Reservist/Guard)	<input type="checkbox"/> Chapter 1607 (REAP)
Program of Study		
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Career Studies Certificate <input type="checkbox"/> Attending Another College		
If <b>attending another college</b> , that school's certifying official must provide a parent school letter listing approved courses each semester.		
Program of Study:	Is this a <b>change of program</b> since last term? <input type="checkbox"/> Yes <input type="checkbox"/> No (If " <b>Yes</b> " for change of program, complete form 22-1995 (veteran) or 22-5495 (spouse/dependent) via VONAPP.)	
Current Semester		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer                    Year _____		
Tuition Payment		
<input type="checkbox"/> Cash, Check, Credit <input type="checkbox"/> Post 9/11 <input type="checkbox"/> Anticipated Financial Aid <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Tuition Assistance <input type="checkbox"/> VMSDEP Benefits <input type="checkbox"/> Advance Payment Requested (You must complete an "Advance Payment Request" form 22-1999 in Admissions Office.)		
Statement of Understanding, Please Carefully Read Before Signing:		

1. To avoid delay in monthly payments, I need to complete this form after enrolling each semester and return to the VHCC Veterans Officer.
2. To avoid outstanding debt to the VA because of overpayments, I need to immediately report all changes in classes to the VHCC Veterans Officer.
3. If I receiving Chapter 30, 1606, or 1607 benefits, to receive payment I need to certify my enrollment with the VA either by phone (877-823-2378) or on-line ([www.gibill.va.gov/wave](http://www.gibill.va.gov/wave)) after the last calendar day of each month. (Normally does not apply to Chapter 35, 31, or 33.)
4. I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory progress and attendance.
5. Remedial (developmental) on-line courses (which also include hybrid courses) cannot be certified.
6. I cannot receive pay for an audit, withdrawal, or a repeat class that I have previously received a passing grade.
7. To receive PED credits for basic training, I need to submit my DD-214 or a written statement from the Veteran's Reserve or National Guard Unit and a completed "Physical Education Credit for Military Service" form available in the VHCC Admissions Office.
8. I understand if I am not a Vocational Rehabilitation (Chapter 31), Post 9/11 (Chapter 33), or Virginia Military Survivors and Dependents Education Program (VMSDEP) recipient, I am responsible for paying my own tuition prior to the deadline to pay tuition or I may be dropped from my classes.
9. Dynamic classes (do not meet the full length of the semester) must be certified using the beginning and ending dates of each class, which may affect my enrollment level and monthly veterans educational benefits pay for the term. Check with the Veterans Officer if you have a question.
10. I understand I will only receive VA educational benefits for courses specifically required in my curriculum, except during the semester of graduation.
11. I understand all written correspondence between me and my VHCC VA Representative will be via my official student email account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_