

Kankakee Community College

Veteran Educational Benefits Request Form

PLEASE PRINT.

Name: _____
LAST FIRST MIDDLE (FULL)

Date of birth: ___/___/___ KCC I.D. no.: _____ Social Security no. - -

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: () - _____ Email: _____

Veteran status: Veteran Active Duty Spouse Dependent

Branch: _____

Dependent/Spouse only:

Veteran's Social Security no.: - -

Have any other dependents of this veteran used his/her benefits before you? No Yes If yes, how many? _____

CHAPTER	
<input type="checkbox"/> Ill. Veteran Grant	<input type="checkbox"/> Ill. National Guard Grant
<input type="checkbox"/> Post 9/11-CH 33	<input type="checkbox"/> CH 30 (GI Bill®)
<input type="checkbox"/> CH 1607/REAP	<input type="checkbox"/> CH 35 (Dependents)
<input type="checkbox"/> MIA/POW	<input type="checkbox"/> CH 31/19 (Voc. Rehab)
<input type="checkbox"/> CH 1606 (Guard & Reserve)	
CERTIFICATION PERIOD	Please answer only if using Federal VA Benefits (CH 30, CH 33, CH 1606, CH 1607, CH 35):
_____	Current degree/major (from the KCC catalog): _____
TERM	**If this is a change of major from your last semester using your GI Bill or you are a new student, you will need to complete a VA Change of Training/Program form.

I hereby certify that all statements are true and complete to the best of my knowledge and belief:

- I authorize release of school and testing records to the VA and Illinois Student Assistance Commission for use in advising me and supervising my program of education and training.
- If I stop attending classes and/or earn a failing grade, the school is required to report the last date of attendance to the VA and I may owe the VA if the grade was not earned.
- I will only be certified for classes that are required for the above stated degree.
- I cannot receive payment for audited classes or repeated classes with a grade of D or better, unless it is for graduation requirements.
- Registering prior to completion of the official evaluation of high school, college, and/or military transcripts may have financial implications, including requirement to return VA funds for which I have previously received credit.
- I am held to the same Academic Standing requirements as all students at KCC.
- I am responsible for notifying the Office of Financial Aid within two weeks of ANY changes in my program/curriculum and semester hours enrolled.
- Non-compliance with school and VA regulations may result in an overpayment which I understand that I must repay.
- I must request certification of benefits each semester.

Post 9/11 – Chapter 33 benefit recipients: The housing allowance is paid if the student's rate of pursuit is more than 50%. Individuals only enrolled in distance learning courses will be eligible for a monthly housing allowance equal to 50%. The applicable Basic Allowance for Housing rate will be multiplied by the rate of pursuit, rounded to the nearest multiple of 10.

Signature of student _____ Date signed _____

<p>Gap Access Info. Date: _____</p> <p>Points used to date: _____</p> <p>IVG: _____</p> <p>MIA/POW: _____</p> <p>ING: _____</p> <p>Award year: _____</p>	<p>To be completed by the KCC Office of Financial Aid</p> <p><input type="checkbox"/> Post 9/11-Chapter 33- tuition and fees (including lab) <input type="checkbox"/> Vocational Rehabilitation – tuition, service, lab fees, books</p> <p>Approved percentage of benefits</p> <p><input type="checkbox"/> IVG - tuition and service fees <input type="checkbox"/> MIA/POW – tuition and service fees</p> <p><input type="checkbox"/> ING - tuition and service fees</p> <p>Comments: _____</p>
---	--