

# Kankakee Community College Veteran Educational Benefits Request Form

PLEASE PRINT.

Name:  LAST  FIRST  MIDDLE (FULL)

Date of birth:  mm/dd/yyyy 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**

- Ill. Veteran Grant     Ill. National Guard Grant     MIA/POW     CH 31/19 (Voc. Rehab)  
 Post 9/11-CH 33     CH 30     CH 1606 (Guard & Reserve)  
 CH 1607/REAP     CH 35 (Dependents)

**CERTIFICATION PERIOD**

TERM

**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):

**\*\*If this is a change of major from your last semester using your VA education benefits 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

First, print form. Then manually sign and send to: Kankakee Community College, Kendra Souligne, Assistant Director of Financial Aid and Veteran Services, 100 College Drive, Kankakee, IL 60901. Question? Contact Kendra Souligne, 815-802-8550 or email [finaid@kcc.edu](mailto:finaid@kcc.edu).

**Gap Access Info.**

Date:

Points used to date:

IVG:

MIA/POW:

ING:

Award year:

**To be completed by the KCC Office of Financial Aid**

- Post 9/11-Chapter 33- tuition and fees (including lab)     Vocational Rehabilitation – tuition, service, lab fees, books  
 Approved percentage of benefits
- IVG - tuition and service fees     MIA/POW – tuition and service fees
- ING - tuition and service fees

Comments: