Certification Form for VA/Military Benefit

http://www.benefits.va.gov/gibill/

VA Ph#: 888-442-4551   VA Fax#: 314-552-9741

Name:	Student ID:
Phone:	Email:
Address:	Degree:
Branch of Service:	Center:

What is your Chapter?

___Chapter 31, (VocRehab), Contact your counselor. **Submit VA Form 28-1905**.

___Chapter 30, (MGIB-Active)

___Chapter 33, (Post 9/11, Fry, TOE) What is your % of Eligibility? _____

___Chapter 35, (DEA), Veteran's Claim Number/SSN/File# _____

___Chapter 1606, (MGIB-SR)

___Chapter 1607, (REAP)

Status Check: ___Veteran ___Active Duty ___Guard ___Reserve ___Dependent ___Spouse

Is this your first time applying for benefits? Yes___ No___

Did you use benefits at another institution? Yes___ No___
      *If yes you will need to fill out the following form. **VA From 22-1995**
      *If yes and your chapter 35, you will need to fill out the form **VA Form 22-5495**

What semesters? How many hours? And what years will you be applying for benefits?

Spring/Hours _____ Summer/Hours_____ Fall/Hours _____   Year_____
Applying for Scholarships? ____ Yes ____ No (if yes, please attach DD-214)

Will you be registered with another institution?   Yes ____ No ____ (if yes, notify SCO)

I hereby acknowledge that I must notify the Registrar's Office of all courses taken at another institution and of all courses I take with O.L.C. that do not satisfy a requirement in my degree program. VA will not pay for extra electives or repeating a passed course, etc. If I drop, add, or withdraw from a course I must inform Vet's office to avoid any overpayments or non-payments. Any debts that are created are my responsibility to repay. All benefits, other than Tuition & Fees, will be paid directly to me. Chapter 1606, 1607 and 30 must verify their monthly attendance on WAVE every month. First time education benefits will be processed in 6-12 weeks; recurring benefits may be processed sooner. You will receive an automated email from the VA when your credits have been verified and entered by SCO.

Signature_____ **Date**_____

Anthony Barajas

S.C.O.

OLC Registrar's Office

Registrar@olc.edu Email

(605)455-2226 Fax#

Kacena One Horn

S.C.O.