

## SEMESTER VETERANS BENEFIT REQUEST FORM

(This form must be submitted every term once registered in intended classes)

Check term:    Fall 20\_\_    Spring 20\_\_    Summer 20\_\_

Check benefit type:

- Veteran (Ch 30)       Veteran (Ch 33, 9/11)  
 Reservist (Ch 1606)    Reservist-REAP (Ch 1607)  
 Dependent (Ch 35)     Vocational Rehab (Ch 31)

Student ID \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Birth date

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

If dependent or spouse, VA File number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address

(Please print clearly—you will be notified via email on the status of your certification)

*If new address, please update with Admissions & Records also.*

**1. Do you have a complete official educational plan attached or in the VA Office file?**  Yes  No

If no, do you at least have a Veteran Program Approval attached from an academic counselor?  Yes  No

(Do not submit this form unless you have at least a current Program Approval in file)

**2. Please list all of the colleges you have previously attended:** Official Academic Transcripts from all previously attended colleges & universities must be evaluated in the Admissions & Records. This is also needed before an academic counselor makes an educational plan for you. If you have attended more colleges than the space provided, please attach a separate list.

I have not attended any colleges other than Santa Ana College/Santiago Canyon College (Skip to #3)

Name of College/University attended	City/State or Country	School Year(s)	Degree Earned	Submitted to Admissions
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. EDUCATIONAL GOAL:** Please check ONE ONLY (This must match the goal you indicated on your VA benefits application).

AA/AS Degree. List degree program: \_\_\_\_\_

BA/BS transferring to a university. List Major: \_\_\_\_\_ List University: \_\_\_\_\_

Vocational Certificate: (list program) \_\_\_\_\_

~~NOTICE: You will only be certified for courses required for ONE educational goal only, as indicated on your Educational Plan. Furthermore, you will only be paid for the period of time each class is in session~~

**4. REGISTERED COURSES:** If Semester Term:  Full time = 12+ units    ¾ time = 9-11 units    ½ time = 6-8 units  
 If Summer Term:  Full time = 6+ units    ¾ time = 4-5 units    ½ time = 0.5-3 units

Term status is based on a regular Semester or Summer Term.

**Do not submit this form unless you are completely registered for the term.**

**5. The last time I received VA benefits was at (list college/university)** \_\_\_\_\_ . ( N/A)  
 Term: \_\_\_\_\_ Year: \_\_\_\_\_

**6. Are you repeating any course(s) in which you received a "NC," "D," or "F" grade?**  Yes  No.  
 Name of course(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

**7. Are you currently on Active Duty?**  Yes  No  N/A

**8. Date of honorable discharge:** \_\_\_\_\_  N/A

**Please place your initials & sign below:**

\_\_\_\_\_ It is my responsibility to notify the Veterans Office and the Admissions Office when I drop, add, or withdraw from ANY of the classes certified towards my educational goal.

\_\_\_\_\_ I have read and received a copy of the General Information Sheet and understand my responsibilities. I understand that if I neglect my responsibilities, I WILL ACCEPT FULL LIABILITY for any overpayment that may occur from the Veterans Administration.

\_\_\_\_\_ I certify that the information indicated on this form is true and correct.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THIS TO: Santa Ana College, Financial Aid / Veterans Affairs Office – Bldg. U, Room 221, 1530 W. 17th St., Santa Ana, CA 92706