

REQUEST FOR CERTIFICATION OF EDUCATIONAL BENEFITS

OFFICE OF VETERANS AFFAIRS - FLETCHER TECHNICAL COMMUNITY COLLEGE

Phone: 985-448-7900 | Fax: 985-448-7998 | Email: financialaid@fletcher.edu

Complete & submit this form **AFTER** you have registered for classes. Students must be in a degree seeking program to receive VA benefits. This form is required **EACH** semester for undergraduate students in order to receive monthly educational benefits.

Name: _____ Today's Date: _____

Address: _____ City/State/Zip: _____

Fletcher ID: _____ Phone: _____ Email: _____

Major: _____ Are you currently Active Duty? Circle one: YES or NO

VA File Number (Your SSN OR if you are a dependent—the SSN of your Veteran: _____

Please indicate which benefit you are applying for or currently receive:

_____ Chapter 30- Active Duty _____ Chapter 33- Post 9/11 _____%
_____ Chapter 31- Vocational Rehabilitation _____ Chapter 35- Survivors and Dependents
_____ Chapter 1606- Reserve _____ Title 29 Tuition Exemption

Which semester are you applying to use your benefits? (Select the current semester only)

FALL

SPRING

SUMMER

CRN SUBJECT NUMBER SECTION CREDITS ONLINE/ON CAMPUS

Table with 6 columns: CRN, SUBJECT, NUMBER, SECTION, CREDITS, ONLINE/ON CAMPUS. The table body is currently empty with several blank rows.

I agree to promptly inform the Certifying Official of any changes in my status. I understand that I will be responsible for any debts I incur from the VA and / or FTCC due to my changes in academic information. I understand that the VA does not pay for: more than one degree, course(s) not in my degree curriculum, dropped courses, audited course(s), course(s) already successfully completed (according to degree curriculum), and repeated course(s) for raising GPA. I know that unsatisfactory progress (academic probation and suspensions), dropped classes, resignations and non-attendance will be reported to the VA and may cause an overpayment.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For SCO Use Only:

SCO Received Signature: _____ Date: _____
SCO Certified Signature: _____ Date: _____
Tuition/Fees Amount: \$ _____ Tuition/Fees added Initial: _____ Date: _____
Scanned and Saved: _____ Date: _____