



# Veteran Education Benefit Declaration Form

Term \_\_\_\_\_

Full Name	Student ID	VA File Number
Current Address	City	State
Telephone #	Email Address#	
	Zip Code	

**VA Declared Home Campus:** DA  OH  KK  MX  TR  HW  WR

**Please complete and submit this application to your Veteran Certifying Official**

- I understand if I make any changes to my class schedule, I must notify my Veteran Certifying Official.
- I understand payment of tuition or certification of classes is pending the verification of academic eligibility and the collection of necessary forms.
- I understand that I am responsible for adhering to all of the policies and procedures that govern the Veteran educational benefits that I am using to attend this institution. Failure to follow these policies and procedures, may result in delay or cancellation of my benefits for the term.
- I understand that if my eligibility for state and/or federal Veteran education benefits does not fully cover my CCC tuition and fees for any reason, I am responsible for paying any outstanding amounts. I also understand that if I fail to pay any outstanding charges, I will be prevented from registering for classes for a future term, or ordering transcripts
- I understand that all qualifying students using the GI Bill must meet the City Colleges of Chicago Academic Standards of Progress and all qualifying students using a state benefit must maintain a 2.0 GPA.
- I understand that I may be required to submit the following documentation depending on the type of benefits selected:

**Academic Plan & Schedule**

**DD214**

**Certificate/Letter of Eligibility**

**Change of Program/Place of Training Form**

**Transcripts**

**Benefit Specific Application, etc.**

Have you attended a college/university other than a City Colleges of Chicago campus?  YES  NO

List other schools \_\_\_\_\_

Have you used military educational benefits previously?  YES or  NO

If Eligible for **MAP** I elect to use it at a 4 year Institution: (Student Initials \_\_\_\_\_)

What benefit(s) do you plan on using? (Check ALL that apply)

- Post 9/11 (Chapter 33) \_\_\_\_\_%
- Survivors & Dependents (Chapter 35 DEA) Veteran VA File # \_\_\_\_\_ Student SS# \_\_\_\_\_
- Montgomery GI Bill — Active Duty (Chapter 30)
- Tuition Assistance (TA) Military Branch
- Montgomery GI Bill — Selected Reserves (Chapter 1606)
- Illinois Veterans Grant (IVG)
- Illinois National Guard (ING)
- Illinois MIA/POW Scholarship Grant
- Vocational Rehabilitation (Chapter 31) Case Manager Name \_\_\_\_\_

**I declare, that all information reported on this application is true, complete and accurate.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Certifying Official Signature \_\_\_\_\_ Date \_\_\_\_\_

GPA \_\_\_\_\_ SAP \_\_\_\_\_ Credits \_\_\_\_\_ IVG Units \_\_\_\_\_  
 DD214 \_\_\_\_\_ COE \_\_\_\_\_ Change of Program \_\_\_\_\_ Online Classes \_\_\_\_\_