



Veterans Education Benefits Declaration

Academic Year _____

Full Name _____ Student ID _____ VA File Number _____

Current Address _____ City _____ State _____ Zip Code _____

Telephone No: _____ Email Address: _____

Home Campus _____ Degree Program _____

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
 - ✓ Change of Program/Place of Training Form
 - ✓ DD214
 - ✓ Transcripts
 - ✓ Certificate/Letter of Eligibility
 - ✓ 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 NO

This Veteran Education Benefits application is being submitted for: Fall _____ Spring _____ Summer _____
Year Year Year

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 #** _____
- 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's Name** _____

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

Student's signature _____ Date _____

For Office Use Only

GPA _____ SAP _____ Credits _____ IVG Units _____ Post 9/11 _____ %
DD-214-4 _____ COE _____ Change of Program _____ Online Classes _____
School Certifying Official _____ Date _____