



Veteran Education Benefit Declaration Form

Term _____

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

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 _____