

2023-2024 Veteran’s Certification worksheet

(For enrollment period 6/1/23 – 5/31/24)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | Email | |  | | | | |
| Address | | |  | SS# |  | | | Phone | |  | |
| City |  | | | | State |  | | | Zip | |  |

Check here if this is a new address and VA needs to be notified. (for *immediate* change call **1-800-827-1000**)

## PLEASE CHECK ONE:

This is the first time I have attended any University or College using my VA Benefits.  **(22-1990 & DD-214 or NOBE required)**

I am a new student transferring from another University or College and *I have used my benefits*.

I have attended TC3 and used VA benefits.

## What degree will you be working towards this semester? (*VA will not pay if you are not in a degree program)*

AAS  AS  AA  Certificate **Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visiting Student** *(Letter from home school of a required transfer credit approval)*

|  |  |
| --- | --- |
| **Is this a change from last semester?** | YES  NO |

**Please select which semester you are enrolling for:**  *(VA will not pay for Audits, CO-OP, or non-credit courses)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | FALL | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ | |  |  |
|  | SPRING | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ | |  |  |
|  | FIRST SUMMER (5 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
|  | SECOND SUMMER (5 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
|  | SUMMER (8 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
|  | SUMMER (10 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |

***REMEMBER TO NOTIFY THE CERTIFYING OFFICAL OF ANY CHANGES IN HOURS!***

**Are you repeating any courses this semester?** Yes  No  If yes, what course(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you required to receive a **“C”** or better in this course for your major? Yes  No

**Type of benefits that you receive:** (Please check one)

Chapter 30, Montgomery GI Bill (Active Duty)  Chapter 1606, Montgomery GI Bill (Nat. Guard or Reservist)

Chapter 31, Vocational Rehabilitation  Chapter 1607, Reserve Educational Assistance Program

Chapter 33, Post-9/11 GI Bill - Percentage of eligibility \_\_\_\_%  Chapter 35, Dependents: **VA claim # (Required) \_\_\_\_\_\_\_\_\_\_\_**

**Please Note:** If less than 100% of the Post-9/11GI Bill, you have the responsibility for remaining Tuition and Fees.

I hereby state that anytime my status changes from what I have indicated on this form, I will immediately notify TC3’s

VA certifying official, located in the Financial Aid Office**. I understand that it may take up to 60-90 days for VA to process a claim.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

“GI BILL®**”** is a registered trademark of the U.S. Department of Veterans Affairs (VA). For more information about VA Education benefits offered by the VA is available at the official U.S. government website at <https://www.va.gov/education/>.

**COMPLETE AND RETURN TO:** Office of Financial Aid, Tompkins Cortland Community College

170 North Street, P.O. Box 139 Dryden, NY 13053 FAX: 607.844.6538

Attn: James Janke (VA Certifying Official) Email: jankej@tompkinscortland.edu