

2024-2025 Veteran's Certification worksheet

(For enrollment period 6/1/24 – 5/31/25)

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)

- | | | |
|--|------------|--------------------|
| <input type="checkbox"/> FALL | Year _____ | Credit Hours _____ |
| <input type="checkbox"/> SPRING | Year _____ | Credit Hours _____ |
| <input type="checkbox"/> FIRST SUMMER (5 weeks) | Year _____ | Credit Hours _____ |
| <input type="checkbox"/> SECOND SUMMER (5 weeks) | Year _____ | Credit Hours _____ |
| <input type="checkbox"/> SUMMER (8 weeks) | Year _____ | Credit Hours _____ |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Chapter 30, Montgomery GI Bill (Active Duty) | <input type="checkbox"/> Chapter 1606, Montgomery GI Bill (Nat. Guard or Reservist) |
| <input type="checkbox"/> Chapter 31, Vocational Rehabilitation | <input type="checkbox"/> Chapter 1607, Reserve Educational Assistance Program |
| <input type="checkbox"/> Chapter 33, Post-9/11 GI Bill - Percentage of eligibility ____% | <input type="checkbox"/> Chapter 35, Dependents: VA claim # (Required) _____ |

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

I hereby state that any time 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