



South Suburban College  
Financial Aid Office, Office of Veteran Affairs



# Request for Veteran Benefits

<b>1. Name: Last, First, MI</b>		<b>2. SSN:</b> -     -	
<b>3a. VA File # CH.35 ONLY</b>		<b>4. E-mail:</b>	
<b>5. Local Address:</b>		<input type="checkbox"/> USE THIS ADDRESS	
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE #</b>			
<b>5a. Permanent Address:</b>		<input type="checkbox"/> USE THIS ADDRESS	
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE #</b>			
<b>5b. Is this an address change from what is on record for the V.A.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, PLEASE CONTACT THE REGIONAL OFFICE IN ST. LOUIS TO UPDATE YOUR RECORDS.</b>			
<b>6. Select education benefit being applied for :</b>			
<input type="checkbox"/> A. PRIOR ACTIVE DUTY G.I. BILL, CH. 30		<input type="checkbox"/> D. POST 9/11 G.I. BILL, CH. 33	
<input type="checkbox"/> B. RESERVES/ NATIONAL GUARD G.I. Bill, CH. 1606		<input type="checkbox"/> E. VEAP, CH. 32	
<input type="checkbox"/> C. ACTIVATED RESERVES/ NATIONAL GUARD G.I. Bill, CH. 1607		<input type="checkbox"/> F. DEPENDENT, CH. 35	
<b>7. Semester applying for :</b> SEMESTER/YEAR		<b>7a. ARE YOU CONCURRENTLY ENROLLED AT ANOTHER COLLEGE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>8. How many credit hours do you request to be paid for?</b>
<b>9. Have you received benefits before?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>9a. If YES to #9, at what institution did you last receive benefits?</b> SEMESTER/YEAR	<b>9b. If you last received benefits from another institution other than SSC, do you wish to change your place of training to SSC?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>10a. What is your current major?</b>	<b>10b. Has your major changed since last semester?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>10c. ADDITIONAL FORMS REQUIRED IF UNCLASSIFIED OR STUDENT AT LARGE.</b>  <input type="checkbox"/> PAPERS ISSUED	
<b>11. Are you enrolled in any repeat classes?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>12. Are you enrolled in any credit/no credit (remedial) classes?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**STUDENT'S RESPONSIBILITIES**

**Read these statements carefully!**

They contain important information about your Veterans Benefits.

- It is your responsibility to complete a Request for Benefits form in the Financial Aid Office Rm. 2355 **EVERY SEMESTER** if you wish to receive benefits as soon as you have registered for classes.
- A repeat course may be paid for if it was failed the first time taken. A repeat course may also be paid for if a "D" was earned and a grade of "C" or higher is required for your major.
- It is your responsibility to notify this office immediately of:
  - Any changes to your course schedule including withdrawal from any or all classes.
  - Any change of major.
  - Any change of your address or phone number.
  - Receipt of No Credit grade.
  - Receipt of any grade that does not count toward your graduation in a repeated course.
  - Receipt of a final grade that does not count toward graduation for any course in which a grade of "I" (incomplete) was initially assigned.

**PRIVACY ACT STATEMENT:** In accordance with Public Law 93-579, Privacy Act of 1974, the information furnished above will be used to process your claim for VA benefits and to provide information to all parties within the Office of Veterans Services as deemed necessary within the limits of the Law. Disclosure of this information is voluntary and although no penalty will be imposed for non-disclosure, it could result in a delay and/or non-receipt of benefits.

**Your signature on this form confirms that you wish to receive benefits as requested on page 1 and that you fully understand and agree to comply with the responsibilities listed above.**

Signature:	Date:
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**FOR OFFICE USE ONLY**

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Veteran Councilor Initials:

Date:

**Remarks:**

Current Major:	Class #:	Transfer Hours:	Cumulative Earned Hours:	Cumulative GPA:
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Hours to be Reported (not including the following):	Remedial Hours:
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