

The following form can be filled out **Online**, printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.



Spokane Falls Community College

2010-11 VETERAN REPORTING FORM

Name _____ Date of birth ____ / ____ / ____
Last First Middle

SFCC SID no. - -
 File no. (SSN) - -

CONTACT INFORMATION

In order to avoid payment or mailing problems it will be your responsibility to keep the SFCC Campus Veterans Office and Admissions/Registration informed of changes in your address and phone number.

Mailing address:

Street _____ City _____

State _____ ZIP _____

Phone _____ E-mail _____

BENEFIT

- Montgomery (Ch 30)
 Guard/Reserve (Ch 1606)
 REAP (Ch 1607...Guard/Reserve activated 90 continuous days or more)
 Dependent (Ch 35)
 VEAP (Ch 32)
 CH 31
 CH 33 post 9-11
 Guest

PLEASE CHECK ALL THAT APPLY

- I request a change in place of training from (list prior school and last date attended) _____

 SFCC Program and intent _____
 I am requesting a change of program. New program: _____

PLEASE CHECK ALL THAT APPLY

- | | | | |
|--------------------------------------|-------------------------|-----------------------------|------------------------|
| <input type="checkbox"/> Fall 2010 | Number of credits _____ | Fall, winter, spring | Summer |
| <input type="checkbox"/> Winter 2011 | Number of credits _____ | 12 credits = full time | 8 credits = full time |
| <input type="checkbox"/> Spring 2011 | Number of credits _____ | 9-11 credits = 3/4 time | 6-7 credits = 3/4 time |
| <input type="checkbox"/> Summer 2011 | Number of credits _____ | 6-8 credits = 1/2 time | 4-5 credits = 1/2 time |

COLLEGES ATTENDED: List all colleges previously attended

College	Dates attended	Program

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, gender or age in its programs and activities. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college.

ADVANCE PAY: DO YOU QUALIFY?

1. Advance pay is not available if student is currently attending or attended the prior term.
2. Student must be enrolled for at least 1/2 time (6 credits or more).
3. Advance pay requests must be submitted no later than 30 days (continuing student) or 45 days (new student) before a quarter begins.

Advance payment allows you to receive your first two months of Montgomery GI Bill prior to the start of your first quarter. If you choose to receive this payment it is important that you are aware that you will not receive another payment until the end of your third month of school.

Please check the appropriate box below indicating your choice on the advance payment option:

- Accept advance pay Decline advance pay

STATEMENT OF UNDERSTANDING – READ AND SIGN BELOW

1. I must be enrolled in an approved program of study that leads to a standard college degree and have all prior training evaluated by the end of my **third** quarter of enrollment. I understand I will not be paid by the VA for classes previously passed at SFCC or other institutions.
2. I will insure that the classes I am taking are required in my program. I understand that I must make satisfactory progress toward graduation.
3. I understand that counselor error is not an acceptable reason for taking classes not applicable to my program.
4. I understand that grades of Z, W, *, I, F (or “ F” grade with a reported “last date of attendance”) may result in a reduced payment from the VA.
5. Classes for which an “I” (incomplete) is awarded must be completed by the end of the subsequent quarter (excluding summer). Otherwise, my entitlement for benefits for that course may be reduced and may result in an overpayment.
6. I understand that short classes scheduled to meet for less than the full quarter term dates may affect my enrollment status and the amount of my monthly payment.
7. I understand that payment for remedial classes (below 100 level) will not be allowed unless need for such class(es) is established by a placement test and/or documented by a counselor.
8. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

I HAVE READ AND UNDERSTAND THE ABOVE ‘STATEMENT OF UNDERSTANDING’ AND HAVE

RECEIVED A COPY FOR MY FILES. *Initials* _____

I DECLARE THE INFORMATION IN THIS APPLICATION TO BE ACCURATE AND WISH TO APPLY FOR VA BENEFITS AT SPOKANE FALLS COMMUNITY COLLEGE

Signature _____ Date _____

OFFICE USE ONLY:

Intent _____ Program _____ DP _____

CH33 % _____