

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Community College 2008-09 VETERAN REPORTING FORM

Name _____ SCC SID no. [] [] [] - [] [] - [] [] [] []
LAST FIRST MIDDLE Phone _____

Social Security no. [] [] [] - [] [] - [] [] [] [] Date of birth ____/____/____ E-mail _____

Date of entry into service ____/____/____ Date of discharge ____/____/____ Branch of service _____

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) Active Duty (now) Did you originally join prior to 1/1/77? Yes No

In addition to my regular GI Bill I am also eligible to receive: College Fund Education Kicker \$600 Buy-up None

MAILING ADDRESS	CHECK ALL THAT WILL APPLY
STREET _____	<input type="checkbox"/> Fall 2008 Number of credits _____
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> Winter 2009 Number of credits _____
In order to avoid payment or mailing problems it will be your responsibility to keep the VA and SCC Campus Veterans Office informed of changes in your address and phone number.	<input type="checkbox"/> Spring 2009 Number of credits _____
	<input type="checkbox"/> Summer 2009 Number of credits _____
	12 credits = full time, 9-11 credits = 3/4 time, 6-8 credits = 1/2 time (estimate full time, 3/4 time or 1/2 time if needed)

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

I am requesting a change of program. New program _____

PLEASE READ: DO YOU QUALIFY FOR ADVANCE PAY?

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

IF YOU QUALIFY (see above) do you wish Advance Pay? Yes No

IF YES, please read and initial the following: "I am aware that if I request Advance Pay I will receive a check at the start of the quarter and may not receive another check until approximately 3 to 4 months later. (initials) _____"

(Students not qualifying for either advance or continuous pay could receive their first check approximately 10 to 12 weeks after the first day of class.)

STATEMENT OF UNDERSTANDING – READ AND SIGN BELOW:

- IMPORTANT:** Each term I must report my registration and any changes (drop/adds) in my enrollment to the campus Veterans Coordinator.
- 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 SCC or other institutions.
- I will insure that the classes I am taking are required in my program. I understand that I must make satisfactory progress toward graduation.
- I understand that counselor error is not an acceptable reason for taking classes not applicable to my program.
- 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.
- 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.
- I understand that classes scheduled to meet for less than the normal quarter term dates may be paid at a different rate based on the number of credits and the length of the class and could negatively affect the amount of my monthly payment and break pay.
- I understand that payment for developmental (remedial/deficiency) classes will not be allowed unless need for such class(es) is established by a placement test and/or documented by a counselor.
- 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 COMMUNITY COLLEGE

Signature _____ Date _____

OFFICE USE ONLY: Program _____ Prior credits earned _____
Prior schools _____