

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 Falls Community College 2009-10 VETERAN REPORTING FORM

Name _____ Date of birth ____ / ____ / ____

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

CONTACT INFORMATION

In order to avoid payment or mailing problems it will be your responsibility to keep the VA and SFCC Campus Veterans Office 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

My program of study is: _____

PLEASE CHECK ALL THAT APPLY

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 CHECK ALL THAT APPLY

<input type="checkbox"/> Fall 2009	Number of credits _____	Fall, winter, spring	Summer
<input type="checkbox"/> Winter 2010	Number of credits _____	12 credits = full time	8 credits = full time
<input type="checkbox"/> Spring 2010	Number of credits _____	9-11 credits = 3/4 time	5-7 credits = 3/4 time
<input type="checkbox"/> Summer 2010	Number of credits _____	6-8 credits = 1/2 time	4-5 credits = 1/2 time

ADVANCE PAY: DO YOU QUALIFY?

- 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. 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

COLLEGES ATTENDED: List all colleges previously attended

College	Dates attended	Program

STATEMENT OF UNDERSTANDING – READ AND SIGN BELOW

- 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.
- 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 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.
- 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.
- 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 _____