VETERANS EDUCATIONAL BENEFITS REQUEST FORM

FALL___ WINTER___ SPRING___ SUMMER___

PRINT NAME (LAST, FIRST MIDDLE) SOCIAL SECURITY NUMBER

CURRENT ADDRESS CITY STATE ZIP

EMAIL ADDRESS: ______________________ PHONE: (____) __________________

DECLARE PROGRAM MAJOR: ______________________ DEGREE: ________

Last semester of attendance at West Valley College: (CHECK ONE)
☐ FALL ☐ WINTER
☐ SPRING ☐ SUMMER

Received VA Benefits for the above period? ☐ YES ☐ NO

Currently enrolled at another college? ☐ YES ☐ NO

Do you wish to receive Advance Payment? ☐ YES ☐ NO

Type of Veterans' Educational Benefits:

☐ Chapter 30 MONTGOMERY G.I. BILL ☐ Chapter 35 SURVIVORS AND DEPENDENTS
☐ Chapter 31 VOCATIONAL REHABILITATION ☐ Chapter 106 MONTGOMERY BILL- RESERVIST
☐ Chapter 33 POST 911 G.I. BILL ☐ OTHER (SPECIFY) ____________________________

Please initial each statement and sign below:

_____ I hereby state that I am or will plan to enroll in _____ units for the above semester.

_____ I am requesting educational benefits and I understand that I will only receive benefits for the courses listed in my Counseling Statement (list of program course requirements) as approved by a college counselor.

_____ Further, I will notify the Financial Aid Office of any changes (i.e. units courses, address, phone number etc.) that may affect my educational benefits. Failure to do so may jeopardize my receipts of benefits for the semester.

____________________________________ ____________________________
SIGNATURE DATE

☐ AIDE ☐ STAL ☐ CHAP. 33 LIST