



# Central Alabama Community College

## Request for Certification of VA Benefits

Complete and return this form **AFTER** you have registered for classes. Students must be in a degree/certificate seeking program of study to receive VA benefits. This form is required **EACH** semester you are enrolled in order to be certified to receive monthly VA educational benefits.

Student's Last Name	Student's First Name	Student's M.I.	Student's CACC ID Number (if known)
Student's Street Address (include apt. #)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Phone Number	Are you currently on Active Duty?		

Are you the Spouse/Child of a Disabled Veteran? \_\_\_\_\_ VA File # (Ch. 35 only) \_\_\_\_\_

### Check the appropriate VA Chapter:

- |                                       |  |                           |
|---------------------------------------|--|---------------------------|
| _____ Chapter 33 – Post 9/11          | _____ Chapter 31 – VA Rehabilitation   | _____ Chapter 1607 - REAP |
| _____ Chapter 30 – Montgomery GI Bill | _____ Chapter 1606 – Selective Reserve | _____ Chapter 35 – DEA    |

Program of Study: \_\_\_\_\_ *If major has changed students must submit a 22-1995 (Veteran) or 22-5495 (Dependent)*

List any additional resources of aid you are receiving (scholarships, PACT, waivers, employer based aid—Do Not include Pell Grants and/or Student Loans). \_\_\_\_\_

### Please select the semester in which you are requesting certification for VA Benefits:

\_\_\_\_\_ Fall Semester    \_\_\_\_\_ Fall Mini Term    \_\_\_\_\_ Spring Semester    \_\_\_\_\_ Spring Mini-Term    \_\_\_\_\_ Summer Term    \_\_\_\_\_ Summer Mini Term

### Please list all courses you are taking for the Semester and would like to be certified with the Department of Veteran Affairs:

**NOTE: Only Courses that apply towards a Degree or Certificate Program at CACC Can Be Certified**

CRN	Course Title	Internet or On Campus

### Certification and Signature

I certify all information contained herein is complete and correct. I understand that continued eligibility for VA educational benefits relies upon my meeting satisfactory academic progress. I am required to immediately notify the VA Certifying Official in the Financial Aid Office of any schedule changes. I understand that I receive benefits only for courses that must be completed to meet CACC graduation requirements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return this worksheet to the Financial Aid Office**