



Veteran's Certification Form 2009 - 2010

You are applying for veteran's benefits at KVCC. Before we can certify your application request, you must read the following statements, sign and return the white copy to the KVCC Financial Aid Office. The yellow copy is for your use.

Student Name _____

Social Security No. _____

Valley ID # _____

1. I understand the months when I must apply for **advance payment: June** for the Fall semester, **October** for the Winter semester, and **March** for the Summer semester. I understand to apply for **advance payment**, I must complete **Box A, & B on the Enrollment Certification Form (VA Form 22-1999)** which is available in the Financial Aid Office.
2. I understand if I'm approved for advance payment, my first check will cover the first partial or full month of training, plus the following month.
3. I understand that VA will send my advance payment check to KVCC. I must be registered for classes before it can be released. I further understand that I must be registered for the semester the advance payment covers before KVCC can release my check. Future checks will be mailed to my home address or by direct deposit.
4. I understand advance payment checks normally arrive prior to the start of the semester that advance payment was requested, however, the school cannot guarantee that your check will arrive by the time your tuition and fees are due.
5. I understand I must complete a **Veteran's Intent Form** for each semester I attend classes at KVCC and wish to be considered for VA benefits.
6. I understand if I change my address, I must complete a **Change of Address Form**, available in the Financial Aid Office.
7. I understand if I am changing schools or curriculum I must complete a **Change of Program/Place of Training Form**, available in the Financial Aid Office.
8. I understand which VA Chapter I qualify for: (Please check) ___ Chapter 30 ___ Chapter 32 ___ Chapter 33 ___ Chapter 35 ___ Chapter 1606 ___ Chapter 1607. In addition, I understand my educational benefits entitlement.
9. I understand that by taking module classes (4, 6, 8, 12 or 14 weeks) payment of benefits will be different than for 15 week classes.
10. I understand VA payment is based on actual enrollment (beginning to ending date of a class rather than the beginning and ending date of the semester.) Module classes may create a break in enrollment.
11. I understand that the college can submit a request for benefit assistance up to 120 days prior to the beginning of the semester for which benefits are requested.
12. I understand that if I am eligible for Chapter 30, 1606 and 1607 benefits, I must certify my enrollment each month by calling the toll free phone number at 1-877-823-2378 or by connecting to their internet site at www.gjbill.va.gov.
13. I understand if I **withdraw** from one or more classes after KVCC's drop/add period, I will receive a non-punitive grade of W. This could cause an overpayment and I may have to repay all benefits for the classes(s). VA will adjust my benefit eligibility as of the date my enrollment status was reduced.
14. I understand if I have attended another college(s), I must request to have my **academic transcript(s)** sent to KVCC for evaluation.
15. I understand that I must comply with KVCC's **Standards of Academic Progress Policy**. To continue my eligibility for VA educational benefits, I am required to maintain a cumulative grade point average of at least 2.0, and I must satisfactorily complete at least 75% of the credit hours for which I am enrolled during any enrollment period.
16. I understand KVCC's Standards of Academic Progress Policy as stated on the Veteran's Intent Form.
17. I understand if I receive a **"failing grade"** (0.0) in any class(es) for which I received veterans benefits, I must report to the Financial Aid Office at KVCC, the last date of attendance in each class for which the failing grade was given. This must be done within two weeks from the last date of attendance.

My signature certifies that I have read and understand the above statements regarding my interest in applying for Veteran's Benefits.

Veteran's Signature: _____

Date: _____

Kalamazoo Valley Community College
 Financial Aid Office — Texas Township Campus — Room 4530 — 6767 West O Avenue
 P.O. Box 4070 — Kalamazoo, MI 49003-4070 — Phone: 269-488-4340 — Fax: 269-488-4120
 E-mail address: finaid@kvcc.edu — Web site: www.kvcc.edu