

VETERANS EDUCATIONAL BENEFITS REQUEST FORM

_____FALL_____
_____SPRING_____
_____SUMMER_____

PRINT NAME (LAST, FIRST MIDDLE) SS#

CURRENT ADDRESS: _____
NUMBER & STREET CITY ZIP

EMAIL ADDRESS: _____ PHONE: (____) _____

DECLARE PROGRAM MAJOR: _____ DEGREE: _____

LAST DAY OF ATTENDANCE AT WEST VALLEY COLLEGE: (CHECK ONE)

FALL ____ SPRING ____ SUMMER ____

RECEIVED VA BENEFITS FOR ABOVE PERIOD? ____ YES NO ____

TYPE OF VETERANS' EDUCATION BENEFITS:

_____CHAP. 32 VEAP

_____CHAP. 30 MONTGOMERY G.I. BILL

_____CHAP. 106 MONTGOMERY BILL-RESERVIST

_____OTHER (SPECIFY) _____

CURRENTLY ENROLLED AT ANOTHER COLLEGE? YES []* NO []

* IF YES, INDICATE COLLEGE _____

♣ **IMPORTANT NOTE:** If you wish to receive ADVANCE PAYMENT for the semester, please check the box below:

[] Yes, I am requesting Advance Payment.

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, etc.) that may affect my educational benefits. Failure to do so may jeopardize my receipt of benefits for the semester.

SIGNATURE

DATE

VETERAN- DO NOT COMPLETE THIS SECTION
FINANCIAL AID OFFICE USE ONLY

Initial Listing of Courses Enrolled

Course Number	Units	Period
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Units _____

Initial Certification:
Date _____
Number of Units _____

Updated Certification:
Date _____
Number of Units _____

Updated Certification:
Date _____
Number of Units _____

Comments:

