Kankakee Community College

Veteran Educational Benefits Request Form

PLEASE PRINT.

Name: _____
LAST FIRST MIDDLE (FULL)

Date of birth: ___/___/___ KCC I.D. no.: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Veteran status: ❑ Veteran ❑ Active Duty ❑ Spouse ❑ Dependent

Branch: _____

Dependent/Spouse only: _____

Have any other dependents of this veteran used his/her benefits before you? ❑ No ❑ Yes If yes, how many? _____

CHAPTER

❑ Ill. Veteran Grant ❑ Ill. National Guard Grant ❑ MIA/POW ❑ CH 31/19 (Voc. Rehab)
❑ Post 9/11-CH 33 ❑ CH 30 (GI Bill) ❑ CH 1606 (Guard & Reserve)
❑ CH 1607/REAP ❑ CH 35 (Dependents)

CERTIFICATION PERIOD

_____
TERM

Please answer only if using Federal VA Benefits (CH 30, CH 33, CH 1606, CH 1607, CH 35):
Current degree/major (from the KCC catalog): _____

****If this is a change of major from your last semester using your GI Bill or you are a new student, you will need to complete a VA Change of Training/Program form.**

I hereby certify that all statements are true and complete to the best of my knowledge and belief:

❑ I authorize release of school and testing records to the VA and Illinois Student Assistance Commission for use in advising me and supervising my program of education and training.
❑ If I stop attending classes and/or earn a failing grade, the school is required to report the last date of attendance to the VA and I may owe the VA if the grade was not earned.
❑ I will only be certified for classes that are required for the above stated degree.
❑ I cannot receive payment for audited classes or repeated classes with a grade of D or better, unless it is for graduation requirements.
❑ Registering prior to completion of the official evaluation of high school, college, and/or military transcripts may have financial implications, including requirement to return VA funds for which I have previously received credit.
❑ I am held to the same Academic Standing requirements as all students at KCC.
❑ I am responsible for notifying the Office of Financial Aid within two weeks of ANY changes in my program/curriculum and semester hours enrolled.
❑ Non-compliance with school and VA regulations may result in an overpayment which I understand that I must repay.
❑ I must request certification of benefits each semester.

Post 9/11 – Chapter 33 benefit recipients: The housing allowance is paid if the student's rate of pursuit is more than 50%. Individuals only enrolled in distance learning courses will be eligible for a monthly housing allowance equal to 50%. The applicable Basic Allowance for Housing rate will be multiplied by the rate of pursuit, rounded to the nearest multiple of 10.

_____ _____
Signature of student Date signed

To be completed by the KCC Office of Financial Aid

Gap Access Info. Date: _____

Points used to date: _____
IVG: _____
MIA/POW: _____
ING: _____
Award year: _____

❑ Post 9/11-Chapter 33- tuition and fees (including lab)
Approved percentage of benefits _____
❑ IVG - tuition and service fees
❑ ING - tuition and service fees
❑ Vocational Rehabilitation – tuition, service, lab fees, books
❑ MIA/POW – tuition and service fees

Comments: _____
_____

Rev. 8/2026