

Kankakee Community College

Veteran Educational Benefits Request Form

PLEASE PRINT.

Name: LAST FIRST MIDDLE (FULL)

Date of birth: mm/dd/yyyy KCC I.D. no.: Social Security no.

Street address:

City: State: ZIP code:

Phone: Email:

Veteran status: Veteran Active Duty Spouse Dependent

Branch:

Dependent/Spouse only:

Veteran's Social Security no.:

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
 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 VA education benefits 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 _____

First, print form. Then manually sign and send to: Kankakee Community College, Kendra Souligne, Assistant Director of Financial Aid and Veteran Services, 100 College Drive, Kankakee, IL 60901. Question? Contact Kendra Souligne, 815-802-8550 or email finaid@kcc.edu.

Gap Access Info.

Date:

Points used to date:

IVG:

MIA/POW:

ING:

Award year:

To be completed by the KCC Office of Financial Aid

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

Comments: