**Veterans Enrollment Certification Request**

(Must be filled out every semester)

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| **Name:** |  | **Kish Student ID:** |  |
| **SSN:** |  | **Phone:** |  |
| **Address:** |  |
| **Degree Program:** |  | **Email:** |  |
|  |
| **Semester Requesting Certification:** |  |
| **[ ]  Fall** | **[ ]  Spring** | **[ ]  Summer** | **Year:** |  |
| **Please indicate which benefits you are using:** |  |
| **Federal Benefits:** | **State Benefits:** |
| [ ]  16000: Chapter 30 (Montgomery GI Bill)  | [ ]  22400/22401: Illinois Veterans Grant (IVG) \*  |
| [ ]  16111: Chapter 31 (Voc Rehab)  | [ ]  22250: Illinois National Guard Grant (ING) \* |
| [ ]  16200: Chapter 33 (Post 9/11)  | [ ]  22200: MIA/POW Scholarship  |
| [ ]  16400: Chapter 1606 (Montgomery GI Bill SR)  | \*students may not receive MAP simultaneously with ING/IVG benefits |
| [ ]  16300: Chapter 35 (Dependent Assistance)  | \*\*Ch. 30 may impact IVG/ING eligibility |
| [ ]  16900: VRRAP |  |
| **\*\*FOR CHAPTER 35 ONLY\*\*** | **Chapter 35 File #/VA Member’s SSN:** |
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| **Benefit Application Status:** |  |
| **[ ]  Continuing Student:** | Have used VA benefits at Kishwaukee College previously. |
| **[ ]  New Student:** | Have never used VA benefits at ANY school. |
| **Apply at:** <https://www.ebenefits.va.gov/ebenefits/homepage>**. MUST provide DD-214 and certification of eligibility from the VA to be certified.** |
| **[ ]  Transfer Student:** | Have previously used benefits at another school. |
| **MUST complete VA Form 22-1995 (22-5495 for dependents), all transcripts from other schools, and certification of eligibility.** |
| **[ ]  Guest Student:** | Receiving a degree at another school, but taking classes at Kishwaukee College. |
| **MUST request a Parent Letter from other school to be sent to Kishwaukee College.** |

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| **Course Name** **(ex: ENG 101)** | **Section** **(Ex: D012)** | **Credit Hours** | **Start Date** | **End Date** | **Online Y/N** | **Repeat Y/N** |
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| **Student Responsibility:** |
| **Please read the following information and sign at the bottom to confirm that you have read and understand the information below.** |
| **●** | I have completed VA form 22-1990, Application for VA Education Benefits, and will/have provided a copy of my certificate of eligibility from the VA to the School Certifying Official.  |
| **●** | I understand that I may be required to meet with an academic advisor to ensure that the courses I have selected fall within the degree requirement for my chosen program of study.  |
| **●** | I understand that I must contact my School Certifying Official if I am deployed or must withdraw due to other military related circumstances.  |
| **●** | I understand that adding or dropping a class, enrolling in a class that does not apply to my degree program or enrolling in classes with various beginning and ending dates may affect the monthly dollar amount of educational benefits. I will be responsible for any monies owed to the VA or to the school.  |
| **●** | I understand that the VA will **not** pay for **online** remedial courses or audited courses. Internships are only covered if the catalog states that it is a requirement for the program, however COVID waivers may be applied for certain online remedial courses. |
| **●** | I understand that if I change my program of study or place of training, I must fill out VA Form 22-1995 (Chapter 35 VA Form 22-5495). This can be done by going online to <https://www.ebenefits.va.gov/ebenefits/homepage>. |
| **●** | I understand that the VA requires Kishwaukee College to evaluate all prior credit for veterans. I am required to submit an official copy of all transcripts to the Admissions, Registration and Records Office located on the 2nd floor of the student center, C-2100. The School Certifying Official **will not** be able to certify me for benefits beyond the first term. |
| **●** | I understand that the VA will **not** pay for repeat courses unless a higher grade is required by your program of study (ex: You are in the nursing program and received a grade of C for Health 101, but a grade of B or higher is required to progress. You are ok to retake the course). |
| **●** | I understand that in order to receive my monthly benefits for chapters 33, attendance must be verified at the end of every month by text, on-line <https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp>, or by calling 1-888-442-4551. Chapters 31, 1606, 1607 and 35 are exempt. |
| **●** | I understand that for VRRAP I must 1) complete the course and 2) submit Employment Certification to the SCO Wendy Goff wgoff@kish.edu when employment in the field is acquired and within 180 days of completion of the course. |
| **●** | I understand that I must submit a new Veterans Enrollment Certification Request Form **every semester** to have my VA benefits applied AND that if I change my course schedule (adding or dropping classes) that I must update **THIS** Veterans Enrollment Certification Request Form. |
| **●** | I understand that I must contact the Department of Veterans Affairs (888-442-4551) regarding my eligibility for benefits or payment amounts. |
| **●** | I understand that I must attend class and meet the standards of academic progress as defined in the Kishwaukee College’s Satisfactory Academic Progress (SAP) Policy. The policy can be found by going online or by contacting the Kishwaukee College financial aid office. Failure to do so will result in the loss of my ability to receive veteran’s benefits, both federal **AND** state. All students have the right to file an appeal and may do so by contacting the financial aid office at 815-825-9328. |
| **●** | I understand that at the beginning of each semester that I want to use my Illinois Veteran Grant, (IVG), Illinois National Guard (ING), or MIA/POW scholarship, I must complete this form to make sure the scholarship will be applied to my account. **I understand that I must reapply for ING every year, by October 1st for full year benefits.**  |
| **●** | I understand that within the guidelines of FERPA, School Certifying Officials can review and discuss my academic record with the Department of Veterans Affairs representatives. |
| **●** | **I understand that my courses will be held pending the approval of my benefits and that any balance left over, after my benefits have been approved and applied (if applicable), is my responsibility.** |
| By signing this document I certify that I have read and understand the above responsibilities and that the information provided is accurate to the best of my knowledge. I understand that any monies not paid by the VA are my responsibility. I understand that I must fill this form out ***every semester*** in order to have my VA benefits applied. I understand and agree to follow the guidelines as outlined above. Certification ***will not*** be processed unless signed. |
| **Signature:** |  | **Date:** |  |