

**REQUEST FOR CERTIFICATION OF EDUCATIONAL BENEFITS
OFFICE OF VETERANS AFFAIRS - FLETCHER TECHNICAL COMMUNITY COLLEGE
Phone: 985-448-7900 | Fax: 985-448-7998 | Email: financialaid@fletcher.edu**

Complete & submit this form **AFTER** you have registered for classes. Students must be in a degree seeking program to receive VA benefits. This form is required **EACH** semester for undergraduate students in order to receive monthly educational benefits.

Name: _____ Today's Date: _____
 Address: _____ City/State/Zip: _____
 Fletcher ID: _____ Phone: _____ Email Address: _____
 Program of Study: _____ Are you currently Active Duty? Circle one: YES or NO
 VA File Number (Your SSN OR if you are a dependent--the SSN of your Veteran parent/spouse: _____

Please indicate which VA Program you are applying for or receiving:
 ____ Chapter 30- Montgomery GI Bill (Active Duty) ____ Chapter 33- Post 9/11; If so, what ____%
 ____ Chapter 31 Vocational Rehab ____ Chapter 35 DEA ____ Chapter 1606 Select Reserves

Are you Cross Enrolled with Nicholls? YES or NO
 If YES, which is your HOME School? Circle one: Fletcher or Nicholls

____ CHECK IF YOU ARE RECEIVING ANY ADDITIONAL RESOURCES OF AID SUCH AS TUITION ASSISTANCE, SCHOLARSHIPS, WAIVERS, PACT, OR EMPLOYER-BASED AID. DO NOT INCLUDE FINANCIAL AID. PLEASE INDICATE THE SOURCE. _____

Which semester are you applying to use your benefits? (Select the current semester only)
 Fall Spring Summer

SUBJECT	COURSE #	SEMESTER HOURS	ON CAMPUS/ONLINE
Session 1	_____	_____	_____
Session 2	_____	_____	_____

I agree to promptly inform the Certifying Official of any changes in my status. I understand that I will be responsible for any debts I incur from the VA and / or FTCC due to my changes in academic information. I understand that the VA does not pay for: more than one degree, course(s) not in my degree curriculum, dropped courses, audited course(s), course(s) already successfully completed (according to degree curriculum), and repeated course(s) for raising GPA. I know that unsatisfactory progress (academic probation and suspensions), dropped classes, resignations and non-attendance will be reported to the VA and may cause an overpayment.

 Student Signature Date Advisor Signature Date

For SCO Official Use Only:
 SCO Received: _____ Date: _____ SCO Certified: _____ Date: _____
 Tuition/Fees Amount: _____ Tuition/Fees added: _____ Date: _____
 Certification Number: _____ Scanned and Saved: _____ Date: _____