

**FLETCHER TECHNICAL COMMUNITY COLLEGE'S OFFICE OF VETERANS AFFAIRS
REQUEST FOR CERTIFICATION OF EDUCATIONAL BENEFITS**

Phone: 985-448-7908

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: _____

Date: _____

Address: _____

City/State/Zip: _____

Fletcher ID: _____

Phone: _____

Fletcher Email: _____@my.fletcher.edu

Are you currently on Active Duty? _____

VA File Number: _____

Are you the spouse/child of a veteran? _____

VA Chapter: <input type="checkbox"/> CH 33 Post 9/11; If so, what __% <input type="checkbox"/> CH MGIB <input type="checkbox"/> CH 31 Voc Rehab
<input type="checkbox"/> CH 1606 Select Reserves <input type="checkbox"/> CH 1607 REAP <input type="checkbox"/> CH 35 DEA

Major: _____

Has major changed since last semester: _____

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.

INDICATE SEMESTER IN WHICH YOU WILL BE USING YOUR VA BENEFITS (Select ONE semester only)

FALL

SPRING

SUMMER

SUMMER MINI TERM

ONLY COURSES THAT APPLY TOWARDS THEIR DECLARED MAJOR AT FLETCHER CAN BE CERTIFIED

SUBJECT	COURSE #	SEMESTER HRS.	ON CAMPUS / ONLINE

I certify that all information contained herein is complete and correct. I understand that any errors or inaccuracies will delay my monthly payments. I understand that I am required to immediately notify the VA Certifying Official of any schedule changes. I understand I must attend my classes and take the final exam or I will owe money back to the VA.

ADVISOR SIGNATURE

STUDENT SIGNATURE