



Office of Student Financial Aid/Veteran's Affairs

Request for VA Educational Benefits Certification Form

This Certification Request is required so our office can certify your enrollment, which is required by the Department of Veterans Affairs. Please complete this form and return to our office as soon as possible. In addition, please provide a copy of your Degree Program Plan if you have not previously submitted a copy OR if any changes have been made to your Degree Program Plan.

Part I.

NAME: _____
SSN: _____ ID: _____
ADDRESS: _____ City: _____ STATE: _____ ZIP: _____
HOME TELEPHONE: _____ Mobile: _____
CLAFIN EMAIL: _____
Trad Undergraduate: _____ PSC: _____ PSC Online: _____ Grad Student: _____ Grad Online: _____
MAJOR: _____ GRADUATION DATE: _____ HRS Enrolled: _____
File Number: _____ / _____ / _____ (Refer to file number on COE to use which includes alphabet)
Term to be certified? Indicate the term you would like to be certified for. **(Only one can be selected)**:

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Part II.

Are you Active Duty? ☐ Yes ☐ No

Will you receive SC National Guard Tuition Assistance (SCNG CAP)? ☐ Yes ☐ No

Will you receive Tuition Assistance Army Continuing Education System (TA ACES) ☐ Yes ☐ No

Part III.

Which VA Education Chapter will you be using:

- ☐ Chapter 30 (New GI Bill, service beginning after June 30, 1985)
- ☐ Chapter 31 (Vocational Rehabilitation for Service - Disabled Veterans)
- ☐ Chapter 32 (Non-contributory VEAP, Service after Jan 1, 1977 – Jun 30, 1985)
- ☐ Chapter 33 (Post 9/11, service after Sep 11, 2001) **Must complete an application for Chapter 33 at www.gibill.va.gov/ Are you a dependent receiving benefits from parent/sponsor ___yes ___no**
- ☐ Chapter 35 (Dependents Educational Assistance Program)
- ☐ Chapter 39 (Forever GI Bill)
- ☐ Chapter 1606 (New GI Bill, National Guard or Selected Reserve)
- ☐ Chapter 1607 (REAP, National Guard or Selected Reserve having served active duty)

****Please attach a copy of your schedule for specific term. If this is your first request, please submit your Certificate of Eligibility. Also, all information must be complete in order for certification to be submitted.***

Signature

Date

For Office Use Only

Date Form Submitted: _____ Date Hours Verified: _____
Term: _____ Hours Enrolled: _____ Chapter: _____ Tuition & Fees: \$ _____
Date of Certification: _____
Chapter: _____ Eligibility Percentage: _____%
Meeting SAP: ☐ YES ☐ NO
☐ Schedule ☐ Transcript
☐ A/R Statement ☐ Award Letter
Cert ID Number: _____ Certifying Official: _____