



Request for Certification for VA Educational Benefits

NAME _____ School ID/SSN Number _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

I am eligible for VA Educational Benefits under the following program: *(Check one)*

- Chapter 30 New G.I. – Active Duty Educational Assistance Program
- Chapter 35 Survivors Spouses and Dependents
- Chapter 31 Vocational Rehabilitation
- Chapter 1606 New G.I. Bill-Selected Reserve Educational Assistance Program
- Chapter 33 Post-9/11 Veterans Education Assistance Act of 2008

ADVANCED PAYMENT

If you would like to request advance pay, you must ask for additional paperwork. You must be receiving benefits under Chapter 30 or 1606. To qualify for advanced payment you must meet the following criteria:

1. Not be enrolled for at least a full calendar month (30 days) prior to the first day of class and
2. Complete the admissions process at SCC and
3. Complete an advanced payment application (22-1999) at least 45 days prior to the first day of class (must see VA counselor)
4. Enroll at least half-time (minimum of 6 credit hours)

Program of study: _____

I plan to enroll beginning: (check one): fall spring summer

Please remember, if you have attended another college, you must submit collegiate transcript(s) to SCC's Admissions Center for evaluation even if you do not wish to receive transfer credit.

1. MUST come by the VA office each semester when I register and complete a semester request to certify form. I understand that if I fail to do so, I will not be certified and will not receive any monies for that semester.
2. Tell VA Counselor if you drop or change programs.
3. I know if I walk away and stop attending classes, I will be dropped as of the last date of actual attendance (could owe the school and VA monies)
4. I can print the shopping sheet off the self service, financial aid, financial aid, then College Financial Planning. Shopping sheet used to estimate aid.

I declare that the above statements are true and that I will notify the Spartanburg Community College Veteran Affairs Office immediately of any change in my program of study or of any change in my enrollment status (including dropping of class(es) or withdrawal from the College).

SIGNATURE _____ Date _____