CLINTON COMMUNITY COLLEGE

REQUEST TO CERTIFY ENROLLMENT FOR VA BENEFITS

Clear Form

Financial Aid Office Use

CCC Financial Aid has Veteran Certifying Officials who assist veterans and dependents in obtaining funds for educational expenses. Complete this form every semester, ideally as soon as a student registers for courses. **RETURN SIGNED FORMS & CERTIFICATE OF ELIGIBILITY TO CCC FA OFFICE.**

Veterans, those in the National Guard, reservists, and dependents of veterans/ active-duty military personnel can take full advantage of education benefits including the Gl Bill®. You shall first apply for Education Benefits directly with the VA.

See "How to Use Your Benefits" (www.clinton.edu/veterans-affairs/va-educational-benefit-student-process.aspx).

Receive a Veteran's Tuition Deferral from the School Certifying Official and present it to Bursar Office with any payment due prior to the tuition due date each semester.

Notify School Certifying Official of enrollment changes, or attendance issues-it affects aid and benefits.

Student First Name | Middle Initial | Last Name | Date of Birth (/ /)

Street Address (include apt. #) | City | State | Zip Code

( ) Phone Number | Personal Email Address

Term of enrollment ? (Ex: Fa-26, Su-26)_____ # of credit hours: _____

Do all current credits go to your degree? ☐ Yes ☐ No If No, which:_____

Are you currently repeating a course? ☐ Yes ☐ No If Yes, which:_____

Current degree program:_____ Recent Change? ☐ Yes ☐ No

What Chapter #/Benefit are you using?_____ Eligibility Percentage, if not 100%: _____

Will you apply for the NYS Tuition Assistance Program (TAP) for this academic year? ☐ Yes ☐ No

Note: If receiving 100% Ch. 33, NO eligibility for NYS TAP or NYS VTA awards.

If using Chapter 35: _____ / / _____

Veteran's First Name | Last Name | Date of Birth | VA File Number

The Alumni Fee on tuition bill will NOT be covered by VA Benefits & remains student responsibility.

This Space For Office Use Only

Tuit:$_____ Fees: $_____ Fees NOT included: Alumni Fee $10 **Bill Total: $_____**

Total Cr:_____ Online: _____Resident: _____Remedial: _____

Notes:

Certified By: _____

Certified Amt: $_____

1st Certify Date:

2nd Certify Date:

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