

This form is a by semester request to utilize Veteran's Benefits through the Veteran Affairs Educational Assistance Program. The form should be accompanied by any documentation that has not been submitted prior.

### STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### REQUEST TYPE

- Initial Request for Benefits (typical)
- Change in Course Schedule (if schedule changes after first request for benefits is submitted)

### BENEFIT TYPE (select one)

- Chapter 30 (Montgomery GI Bill)
- Chapter 33 (Post-9/11 GI Bill)
- Chapter 35 (survivors and dependents)
- Chapter 1606 (formerly 106)/Chapter 1607(REAP)
- Chapter 31 (Voc Rehab)
- Chapter 32 (VEAP)

### BENEFIT TERM (select one)

- Summer
- Fall
- Spring

### SUPPORTING DOCUMENTATION (select one)

- Certificate of Eligibility, included
- DD-214 (if applicable), included
- Required documents previously submitted to ESCC

### DEGREE/PROGRAM (select one and indicate program name)

- Associates Degree (list program name): \_\_\_\_\_
- Certificate Program: (list program name): \_\_\_\_\_

**COURSE SCHEDULE: Include a copy of registered classes for the term indicated above**

### ADVISOR ATTESTATION

I attest that all the registered courses for the above indicated term are required for program completion, are not unnecessary repeats, and do not exceed the total credits hours that are minimally required for the program.

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### STUDENT CERTIFICATION

I certify that all the information and documentation that I have submitted pertaining to this benefit request form is true and complete. It is also understood that any changes made to active program or course schedule during the application term will need to be submitted an additional Request for Veteran's Benefits form.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please note this form is for internal use only\*\***