McHenry County College *Office of Financial Aid and Veteran Benefits*

TX: 815-455-8761
Fax: 815-455-8594
Email: FINAID@mchenry.edu
Email: VA@mchenry.edu

REQUEST FOR BENEFITS AND CERTIFICATION

To be completed and submitted to the Office of Financial Aid and Veteran Benefits AFTER the veteran student registers for classes. This form allows veteran students to request their benefits for tuition/fee payments and certification of enrollment to the Department of Veteran Affairs.

A. STUDENT INFORMATION

Student ID# _____ **Name:** _____

Academic Program _____ **Phone #**_____

☐ **SCHEDULE CHANGE ONLY**

IT IS YOUR RESPONSIBILITY TO REPORT ANY WITHDRAWN OR ADDED CLASSES FOR PROPER MONTHLY STIPEND AND BHA PAYMENTS.

WITHDRAWN OR NEVER ATTENDED CLASSES MAY RESULT IN FUNDS BEING OWED TO THE DEPARTMENT OF VETERAN AFFAIRS.

B. DOCUMENTATION

☐ Letter of Eligibility ☐ Change of Place of Training Form ☐ DD214-4

C. SEMESTER AND BENEFIT INFORMATION

REMEMBER TO CHECK YOUR ACCOUNT FOR ANY FEES NOT COVERED BY YOUR BENEFITS

Semester: ☐ Fall ☐ Spring ☐ Summer

☐ Post 911 (FP911) ☐ Chapter 30 (GIB30) ☐ Chapter 1606 (GI106) ☐ Chapter 35 (GIB35)

☐ Chapter 31 (FDORF) ☐ IVG (SIVG) ☐ ING (SING) ☐ MIA/POW (SV35)

D. CERTIFICATION AND SIGNATURES

I understand I can only be certified for courses listed on my program of study.

I understand I cannot be certified for courses for which I have already received credit.

I will promptly report drops, withdrawals, added course or other changes to my schedule to the Certifying Official.

Signature: _____ **Date:** _____