



## Veterans Enrollment Certification Request

(Must be filled out every semester)

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

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Email: \_\_\_\_\_

**Semester Requesting Certification:**

☐ Fall ☐ Spring ☐ Summer

Year: \_\_\_\_\_

**Please indicate which benefits you are using:**

**Federal Benefits:**

- ☐ 16000: Chapter 30 (Montgomery GI Bill)  
☐ 16111: Chapter 31 (Voc Rehab)  
☐ 16200: Chapter 33 (Post 9/11)  
☐ 16400: Chapter 1606 (Montgomery GI Bill SR)  
☐ 16300: Chapter 35 (Dependent Assistance)

**State Benefits:**

- ☐ 22400/22401: Illinois Veterans Grant (IVG)  
☐ 22250: Illinois National Guard Grant (ING)  
☐ 22200: MIA/POW Scholarship

**\*\*FOR CHAPTER 35 ONLY\*\***

Chapter 35 File #/VA Member's SSN: \_\_\_\_\_

**Benefit Application Status:**

VA Member's First/Last Name: \_\_\_\_\_

☐ **Continuing Student:** Have used VA benefits at Kishwaukee College previously.

☐ **New Student:** Have never used VA benefits at ANY school.

**Apply at:** <https://www.va.gov/education/how-to-apply/>. **May need to provide DD-214 and certification of eligibility from the VA to be certified.**

☐ **Transfer Student:** Have previously used benefits at another school.  
**MUST complete VA Form 22-1995 (22-5495 for dependents), all transcripts from other schools, and certification of eligibility.**

☐ **Guest Student:** Receiving a degree at another school, but taking classes at Kishwaukee College.  
**MUST request a Parent Letter from other school to be sent to Kishwaukee College.**

| Course Name<br>(ex: ENG 101) | Section<br>(Ex: 3001) | Credit Hours | Start Date | End Date | Online<br>Y/N | Repeat<br>Y/N |
|------------------------------|-----------------------|--------------|------------|----------|---------------|---------------|
|                              |                       |              |            |          |               |               |
|                              |                       |              |            |          |               |               |
|                              |                       |              |            |          |               |               |
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|                              |                       |              |            |          |               |               |
|                              |                       |              |            |          |               |               |

**\*Return Completed form to the Kishwaukee College Financial Aid/Veterans Affairs Office\***

***Kishwaukee College does not discriminate on the basis of race, color, religion or creed, sex, gender expression, national origin, ancestry, age, marital status, sexual orientation, or disability.***

## Student Responsibility:

Please read the following information and sign at the bottom to confirm that you have read and understand the information below.

- I have completed VA form 22-1990, Application for VA Education Benefits, and will/have provided a copy of my certificate of eligibility from the VA to the School Certifying Official.
- I understand that I may be required to meet with an academic advisor to ensure that the courses I have selected fall within the degree requirement for my chosen program of study.
- I understand that I must contact my School Certifying Official if I am deployed or must withdraw due to other military related circumstances.
- I understand that adding or dropping a class, enrolling in a class that does not apply to my degree program or enrolling in classes with various beginning and ending dates may affect the monthly dollar amount of educational benefits. I will be responsible for any monies owed to the VA or to the school.
- I understand that the VA will **not** pay for **online** remedial courses or audited courses. Internships are only covered if the catalog states that it is a requirement for the program.
- I understand that if I change my place of training, I must fill out VA Form 22-1995 (Chapter 35 VA Form 22-5495). This can be done by going online to <https://www.va.gov/find-forms/about-form-22-1995/> or for Ch 35 <https://www.va.gov/find-forms/about-form-22-5495/>.
- I understand that the VA requires Kishwaukee College to evaluate all prior credit for veterans. I am required to submit an official copy of all transcripts to the Admissions, Registration and Records Office located on the 2<sup>nd</sup> floor of the student center, C-2100. The School Certifying Official **will not** be able to certify me for benefits beyond the first term.
- I understand that the VA will **not** pay for repeat courses unless a higher grade is required by your program of study (ex: You are in the nursing program and received a grade of C for Health 101, but a grade of B or higher is required to progress. You are ok to retake the course).
- I understand that in order to receive my monthly benefits for chapter 33 or Montgomery Bill, attendance must be verified at the end of every month by either going on-line to <https://www.va.gov/education/verify-school-enrollment/>, or by calling 888-442-4551.
- I understand that I must submit a new Veterans Enrollment Certification Request Form **every semester** to have my VA benefits applied.
- I understand that if I change my course schedule (adding or dropping classes) that I must update this Veterans Enrollment Certification Request Form or submit a new form.
- I understand that I must attend class and meet the standards of academic progress as defined in the Kishwaukee College's Satisfactory Academic Progress (SAP) Policy. The policy can be found by going online or by contacting the Kishwaukee College financial aid office. Failure to do so will result in the loss of my ability to receive veteran's benefits, both federal **AND** state. All students have the right to file an appeal and may do so by contacting the financial aid office at 815-825-9328.
- I understand that at the beginning of each semester that I want to use my Illinois Veteran Grant, (IVG), Illinois National Guard (ING), or MIA/POW scholarship, I must complete this form to make sure the scholarship will be applied to my account. **I understand that I must reapply for ING every year, by October 1<sup>st</sup> for full year benefits.**
- I understand that within the guidelines of FERPA, School Certifying Officials can review and discuss my academic record with the Department of Veterans Affairs representatives.
- I have completed VA form 22-1990, Application for VA Education Benefits, and will/have provided a copy of my certificate of eligibility from the VA to the School Certifying Official.
- I understand that I may be required to meet with an academic advisor to ensure that the courses I have selected fall within the degree requirement for my chosen program of study.

By signing this document, I certify that I have read and understand the above responsibilities and that the information provided is accurate to the best of my knowledge. I understand that any monies not paid by the VA are my responsibility. I understand that I must fill this form out **every semester** in order to have my VA benefits applied. I understand and agree to follow the guidelines as outlined above. Certification **will not** be processed unless signed.

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

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

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