## Eureka College Veterans and Military Services

## **Request for Veterans Benefits Form**

Office of Financial Aid 300 East College Avenue Eureka, IL 61530 309-467-6310 www.eureka.edu

Name: Last, First, MI	Eureka Student Sonis ID Number		
SSN: VA File #: <b>CH. 35 ONLY</b>			
STREET CITY STATE ZIP	USE THIS ADDRESS FOR VA PURPOSES PHONE #		
Permanent Address if not the same as above:  STREET CITY STATE ZIP	USE THIS ADDRESS FOR VA PURPOSES PHONE #		
Is this an address change from what is on record with the V.A.?  IF YES, PLEASE CONTACT THE REGIONAL OFFICE IN ST. LOUIS TO UPDATE YOUR RECORDS	☐YES ☐ NO		
SELECT THE VA EDUCATIONAL BENEFIT YOU ARE ELIGIBLE FOR:			
CH 30 Montgomery (Prior Active Duty) GI Bill CH 1606 Montgomery (Reserves and National Guard) GI Bill CH 1607 Activated Reserves and National Guard - Reserve Educational Assistance Program (REAP) CH 35 Dependent's Educational Assistance - VA file# Payee # CH 31 Vocational Rehabilitation CH 33 Post-9/11 GI Bill Note: Attach Certificate of Eligibility for first time certification only			
Have you received VA benefits before? If yes, list most recent college	with semester/year:		
Are you concurrently enrolled at another college? If yes, list college:			
Semester applying for VA benefits? (list semester and year)			
What is the number of credit hours your are enrolled or pre-enrolled in for the semester applying for benefits? (Your credit hours will be submitted to the VA for certification. If you are requesting to be paid for less # of hours, please indicate that number.)			
What is your current major?			
Are you enrolled in any repeat classes? YES NO			
Are you enrolled in any credit/no credit (remedial) classes? YES NO			
Are you enrolled in any pass/fail classes (student option)? YES NO			
Are you taking an internship this semester? (Does not include student teaching)	YES NO		
Have you applied for graduation? YES NO			
Please be advised it is the student's responsibility to submit this completed form pr in a timely manner. It is the student's responsibility to submit any changes in enrol occur. This worksheet/form MUST be completed each semester.			

## STUDENT'S RESPONSIBILITIES

## Read these statements carefully!

They contain important information about your Veterans Benefits.

- It is your responsibility to complete a 'Request for Benefits Form' and submit to the Office of Financial Aid <u>every semester</u> you wish to receive benefits. You should do so as soon as you have registered for classes to prevent a delay in payments.
- Generally, VA does not pay for: courses you do not attend; courses from which you withdraw; courses you complete but receive a grade which will not count towards graduation. You must notify the Financial Aid Office Certifying Official if there is change in enrollment. When the change in semester hours is submitted to the VA, it may result in an overpayment. If Chapter 33, you may be required to repay tuition/fee payments received for these courses.
- **Chapter 33** recipients are responsible for any overpayment of VA benefits incurred as a result of a change in enrollment; i.e. increase or decrease in enrolled hours after start of semester.
- A repeat course may be paid for if it was failed the first time taken. A repeat course may also be paid for if a "D" was earned and a grade of "C" or higher is required for your major.
- It is your responsibility to notify this office immediately of:
  - o Any changes to your course schedule including withdrawal from any or all classes.
  - Any change of major.

Remarks:

- o Any change of your address or phone number.
- o Receipt of No Credit grade.
- Receipt of any grade that does not count toward your graduation in a repeated course.
- Receipt of a final grade that does not count toward graduation for any course in which a grade of "I" (incomplete) was initially assigned.

PRIVACY ACT STATEMENT: In accordance with Public Law 93-579, Privacy Act of 1974, the information furnished above will be used to process your claim for VA benefits and to provide information to all parties within the Office of Veterans Services as deemed necessary within the limits of the Law. Disclosure of this information is voluntary and although no penalty will be imposed for non-disclosure, it could result in a delay and/or non-receipt of benefits.

Your signature on this form confirms that you wish to receive benefits as requested on this form and that you fully understand and agree to comply with the responsibilities listed above.

		Date:	
FOR OFFICE USE ONLY			
EC Certifying Official Initials:	Date:		
	FOR OFFIC		FOR OFFICE USE ONLY