

Veterans' Educational Benefits Procedures

Richland Community College | One College Park | Decatur, Illinois 62521
Financial Aid and Veterans' Affairs Office | 217.875.7211, Ext. 285 or Ext. 288

VA TOLL FREE NUMBER - 888.442.4551



I am using the GI Bill Education Benefits checked below.

- CHAPTER 30 - Montgomery GI Bill - Active Duty
- CHAPTER 31 - Veterans' Vocational Rehabilitation
- CHAPTER 32 - Veterans' Education Assistance Program (VEAP)
- CHAPTER 33 - Post 9/11 GI Bill
- CHAPTER 35 - Survivors/Dependents Benefits
- CHAPTER 1606 - Montgomery GI Bill - Reservists/National Guard
- CHAPTER 1607 - Activated Reservist/National Guard (REAP)
- IVG, ING, or MIA/POW - Please visit Cashier's window for assistance

Applicant Statement: Initial each line, indicating that you have read each statement.

- _____ 1. I understand that it is my responsibility to attend all classes. If I stop attending any class, even though I may not have withdrawn, I am responsible for reporting that to the Financial Aid and Veterans' Affairs Office. I am also responsible for reporting the date of any withdrawal.
- _____ 2. I understand that I must submit a DD-214 Member 4 copy to the Financial Aid and Veterans' Affairs Office (students using CHAPTER 35, Survivor/Dependent benefits are required to provide a certificate of eligibility from the VA in lieu of a DD-214). I also must submit a high school transcript or GED scores and transcripts from any previously attended college, university, or trade school to Student Records. If I do not submit these documents, my benefits may be suspended. I may also submit my military transcript to Student Records for transfer credit evaluation.
- _____ 3. I understand that I must meet the Satisfactory Academic Progress standards for Financial Aid recipients listed in the College Catalog and that I cannot receive VA benefits if I am placed on financial aid suspension.
- _____ 4. I understand that I must submit my schedule for certification to the Financial Aid and Veterans' Affairs Office each semester. I will not be certified if I do not submit my schedule. I understand that I am required to notify Financial Aid if I stop attending classes, add or withdraw from classes, change my degree/major, make any changes to my class schedule, or change my address or phone number.
- _____ 5. I understand that my VA benefits will only pay for those classes approved for my VA academic major of record, (special arrangements can be made for students taking 2 + 2 programs. See the College Catalog). For VA certification purposes, I may pursue only one academic major at a time. Richland will certify developmental classes; however, the VA will determine if it will pay for those classes. Financial Aid will not certify classes that are not required for the degree/major I have listed with Student Records.
- _____ 6. I understand that benefits for summer term classes are calculated differently from the standard length semester by the VA when determining training time for payment of educational benefits.
- _____ 7. If I am receiving CHAPTER 30, CHAPTER 1606, or CHAPTER 1607 benefits, I understand that a monthly "self-certification" is required by the VA and can be done online at gibill.va.gov/wave.
- _____ 8. I understand that I will receive GI benefits for the time I attend classes. Late-start classes and fast-track classes will be paid at a different rate than classes that meet for sixteen weeks. VA will pay benefits only for the length of the class. For example, an 8-week class will have 8 weeks of benefits.
- _____ 9. To receive the Post 9/11 (CHAPTER 33) housing allowance, I understand that I must be enrolled in at least 7 credit hours for the entire fall or spring semester or 6 credit hours for the entire summer semester and that at least one class must be either on campus or hybrid.
- _____ 10. I understand that if I am receiving Survivor/Dependent benefits (CHAPTER 35) I must provide the social security number of the veteran to have my benefits certified.

I have received a copy and explanation of these procedures

Degree/Major _____ Date _____

Signature _____ Phone _____

Printed Name _____ SSN or ID _____