



Edward Via College of Osteopathic Medicine

Veteran's Educational Benefits Request Form

All students who have veteran's educational benefits available to them must submit a new request form each semester (fall and spring) regardless of whether they intend to use their veteran's educational benefits or not.

General Information

Name:

Last

First

MI

VCOM Email:

Semester:

Year:

Benefit Information

Indicate if you will utilize VA Educational Benefits this semester?

If yes, complete this form in its entirety. If no, skip to page 3 of the form to sign and date (skip pages 1 and 2).

Please select your current military status:

Have you used educational benefits at VCOM before?

If No, submit a Certificate of Eligibility

Have you used VA educational benefits at another institution?

If Yes, submit a Certificate of Eligibility and a Change of Program or Place of Training Form (VA Form 22-1995)

Are you repeating a course(s)?

If yes, list course(s) that will be repeated this semester:

If you will be receiving or have applied for any scholarship(s) please list it below:

Select the educational assistance programs you intend to use:

Chapter 33 (Post 9/11 GI Bill)

Chapter 30 (Montgomery GI Bill)

Chapter 35 (Survivors' and Dependents/DEA)

Chapter 1606 (Montgomery GI Reserve)

- Payee Number (Ch. 35 only):

Chapter 1607 (REAP)

Chapter 31 (Vocational Rehabilitation)

Has your Chapter changed since the last semester?

Course Enrollment Certification

Semester

Year

My signature below is acknowledgment that I will be enrolled in the above courses for the semester. I understand that courses are subject to change. VCOM will notify me if such a revision should occur for my enrolled courses.

Student Signature:

Date:

Statement of Understanding:

- Eligible veterans, reservists, and dependents are responsible for requesting VA Education benefits through the Office of Veterans Services. You must submit a benefits request form to VCOM every semester.
- You must report any classes dropped or a withdrawn from immediately to the Office of Veterans Services.
- Students that withdraw are responsible for repaying tuition and fees to the VA. The ultimate responsibility for the payment of tuition and fees is YOUR responsibility.
- If receiving Chapter 30, 1606, or 1607 benefits, to receive payment I need to certify my enrollment with the VA either by phone (877-823-2378) or on-line (www.gibill.va.gov/wave) after the last calendar day of each month. (Normally does not apply to Chapter 31, 33, or 35.)
- I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory progress and attendance.
- I cannot receive pay for an audit, withdrawal, or a repeat class that I have previously received a passing grade.
- I understand that if I receive a scholarship or any other tuition waiver excluding Title IV funding (Federal financial aid), these funds will be counted toward my tuition first and only any remaining tuition will be reported to the VA and that I am responsible for repayment should that occur. I will contact the Registrar's Office immediately if I receive a scholarship or any other tuition waiver from any source.
- I allow VCOM to discuss my VA paperwork with the Department of Veterans Affairs if necessary.
- I understand that if I do not comply with VA guidelines, then my educational benefits may be discontinued and I may be subject to a debt with VA and VCOM.
- Failure to report any changes may result in an overpayment and discontinuance of my VA benefits.
- I understand that I am responsible for the payment of all tuition and fees in accordance with college policy. If my VA educational benefits will not cover all charges, I will need to make arrangements for payment of all charges and fees by the semester deadline.

I understand that my signature authorizes the School Certifying Officials to release my enrollment transactions, academic standing, grades, graduation, etc. to either the Department of Veteran Affairs or Department of Veteran Services for the purposes of processing payments or audit of record.

Student Signature:

Date:

Office Use Only

To be Completed by the Registrar: Date Request Received:

Date Hours Certified:

Date Certificate of Eligibility Received:

To be Completed by Financial Aid:

CC, LC, VC Tuition-only Scholarships Total for the Semester:

AC Tuition-only Scholarships Total for the Block (weighted by credit hour):

Signature:

Date:

To be Completed by the Business Office:

CC, LC, VC Tuition Amount to be Certified for the Semester:

AC Tuition Amount to be Certified by Block (weighted by credit hour):

Signature:

Date: