

VETERANS RECERTIFICATION WORKSHEET

JOHNSON COUNTY COMMUNITY COLLEGE



****IN ORDER TO BE CERTIFIED ALL SECTIONS OF THIS FORM MUST BE COMPLETED****

JCCC ID _____	ADDRESS _____
NAME _____	CITY STATE ZIP _____
SSN _____	PHONE # _____

I request to be certified for the following benefit – mark only ONE:

<input type="checkbox"/> CHPT 30 Montgomery GI Bill (MGIB) - contributed \$1200	<input type="checkbox"/> CHPT 1607 REAP - Reserve/Guard deployed 90 days on or after 9/11/01
<input type="checkbox"/> CHPT 30 MGIB - contributed \$1800	<input type="checkbox"/> CHPT 33 Post 9/11 GI Bill (available starting Aug. 2009)
<input type="checkbox"/> CHPT 1606 MGIB for Select Reserve/National Guard	<input type="checkbox"/> CHPT 31 VA Vocational Rehabilitation
<input type="checkbox"/> CHPT 1606 MGIB for Select Reserve/National Guard w/kicker	<input type="checkbox"/> CHPT 35 Dependent/Survivor Education Assistance VA File # _____

*****MY EXPECTED MONTHLY VETERANS BENEFIT PAY RATE FOR FULL TIME ENROLLMENT IS \$ _____*****

I request to be certified for the following semester: SUMMER FALL SPRING 20 _____

My status is:

JCCC DEGREE/CERTIFICATE STUDENT - PLEASE LIST PROGRAM: _____

GUEST STUDENT PLEASE LIST PARENT SCHOOL: _____

To be certified, GUEST STUDENTS must request "PARENT SCHOOL LETTER" be sent to JCCC Veterans Services Office.

- If your JCCC degree/certificate intent has changed, you must complete a new Compliance Agreement with the JCCC Veteran Services Office.
- When changes to your course schedule occur OR if you enroll in classes outside your current compliance agreement, repeat successfully completed classes, or enroll in short-term classes, JCCC will automatically report all changes as required by the VA. This may result in the VA determining an overpayment in your benefit – all overpayments are the responsibility of the benefit recipient.
- The JCCC Veteran Services Office corresponds via JCCC student email system – it is your responsibility to check your JCCC email account.

My signature indicates I have provided accurate information, have read and understand the above statements and agree to comply with all VA guidelines.

Signature _____ Date _____

For Office Use only: ___ VONAPP _____ sent directly to VA

CHPT 33: ___ COE rec'd ___ SOAHOLD updated

___ PLA submitted ___ Reactivated on VAOnce RPAARSC: \$ _____

Prior Transcript ___ Not rec'd ___ Rec'd/Not Eval ___ Rec'd/Reviewed

DATE RECEIVED