



EL CAMINO COLLEGE VETERANS SERVICES

REQUEST FOR VA BENEFIT CERTIFICATION

PLEASE PRINT

NAME:		STUDENT ID:	
SSN:	FILE # For Chapter 35 (DEA Program) only:		
PHONE:		E-MAIL:	

I AM PLANNING TO ATTEND ECC/ECC COMPTON CENTER IN THE: **FALL** **SPRING** **SUMMER** **WINTER** **YEAR:** _____

PLEASE LIST ALL COLLEGES, INSTITUTIONS AND MILITARY SCHOOLS ATTENDED (IF NONE, WRITE "NONE")

NAME OF SCHOOL	LAST DATE ATTENDED	UNITS COMPLETED
El Camino College		

<p>Please answer the following:</p> <p>Military Status Self or Dependent</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am a Veteran <input type="checkbox"/> I am currently on Active Duty <input type="checkbox"/> I am a member of the Active Reserve <input type="checkbox"/> I am a member of the National Guard <input type="checkbox"/> Parent/Guardian is a Veteran <input type="checkbox"/> Parent/Guardian is on Active Duty <input type="checkbox"/> Parent/Guardian is on Active Reserve <input type="checkbox"/> Parent/Guardian is on the National Guard <input type="checkbox"/> Spouse is a Veteran <input type="checkbox"/> Spouse is on Active Duty <input type="checkbox"/> Spouse is on Active Reserve <input type="checkbox"/> Spouse is on National Guard <p>Branch of Service: _____</p>	<p>Please check one:</p> <p>I AM REQUESTING TO RECEIVE BENEFITS UNDER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CHAPTER 33 Post 9/11 GI BILL® <input type="checkbox"/> CHAPTER 33 Transfer of Benefits (Spouse/Child) <input type="checkbox"/> CHAPTER 33 Fry Scholarship (Spouse/Child) <input type="checkbox"/> CHAPTER 31 Vocational Rehabilitation Program <input type="checkbox"/> CHAPTER 1606 Montgomery GI BILL® Selected Reserve <input type="checkbox"/> CHAPTER 30 Montgomery GI BILL® <input type="checkbox"/> CHAPTER 35 Dependents' Educational Assistance Program (DEA) <p><small>GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at www.benefits.va.gov/gibill</small></p>
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I request that El Camino College Veterans Office submit the appropriate forms to the U.S. Department of Veterans Affairs (VA) so I may receive my VA Education Benefits. I also give El Camino College Veterans Office permission to notify the VA of any changes in my unit status or withdrawal from school and to furnish other information requested by the VA.

I understand that I am responsible for notifying the El Camino College Veterans Office of any changes in my class schedule or attendance.

Chapter 33 (Post 9/11) Recipients: *You are responsible for all debts resulting from reductions or terminations of your enrollment, even if the payment was submitted directly to the school on your behalf. The VA will not pay for courses you don't attend, courses from which you withdraw, or courses you completed but received a grade which will not count towards graduation.*

I realize that I may lose my VA Education Benefits if my GPA falls below 2.00 for two consecutive semesters or more.

Signature of Student Date