



### VA Education Benefits Request

Complete this form each semester of enrollment at Wake Technical Community College.

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: XXX-XX-\_\_\_\_\_ (CH 35 only): VA File # \_\_\_\_\_ Student ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

(Veteran only) Military Branch of Service: \_\_\_\_\_ Are you currently Active Duty? \_\_\_\_Yes \_\_\_\_No

**Eligibility: (Please check education benefit you are eligible for.)**

- CH 33: Post -911       CH 33: Post -911 Transfer of Entitlement (TOE)       Fry Scholarship
- CH 30: Montgomery GI Bill       CH 31: Veteran Readiness & Employment (VR&E)
- CH 35: Dependent/Survivor Assistance       CH 1606: Selected Reserve/Guard       Tuition Assistance (TA)

**Please indicate below the semester, year and current program/degree enrolled:**

Term/Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Program/Degree: \_\_\_\_\_

Is this your first semester requesting VA Education Benefits at Wake Tech?  Yes  No

**Advance Payment is NOT an option for Post-9/11 GI Bill.**

Advance Payment Requested?  Yes  No

\*\*Advance Payment requests must be submitted to the Veteran Services Office at least 6 weeks prior to the start of the term. VA reserves the right to reject any advance payment requests.

**Please INITIAL next to each statement confirming you will adhere to the policies and procedures set forth by both the Department of Veteran Affairs and Wake Technical Community College.**

- \_\_\_\_ I acknowledge the information provided is accurate.
- \_\_\_\_ Should any information change, I will notify Veteran Services as soon as possible.
- \_\_\_\_ I understand enrollment will not be submitted to VA until I am registered for courses.
- \_\_\_\_ I understand (if applicable), I **MUST** self-verify attendance at the end of each month.
- \_\_\_\_ I will comply with VA and college regulations concerning: Drops/Withdrawals/Terminations of Registration.
- \_\_\_\_ I understand I will not be paid for courses not in my curriculum.
- \_\_\_\_ I understand I will not be paid for courses challenged or audited.
- \_\_\_\_ I understand I will not be paid for pre-curriculum (remedial) courses taught online.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_