

Spokane Community College VETERAN REPORTING FORM

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Name							
LAST	LAST FIRST		MIDDLE				
SCC SID #		Social Se	curity #				
Date of birth	Phone number	E	-mail				
Date of entry into servi	ce Date of discharg	e Bra	anch of service				
REAP (Ch 1607Guard	Montgomery (Ch 30) Guard/l I/Reserve activated 90 continuous days o ar GI Bill I am also eligible to rece	r more) 🔲 Depend			•		l None
	MAILING ADDRESS		Chapter 33 (pos quarter at a time completed and	e after each	quarter's re	gistrati	on is
	STATE ing problems it will be your responsibility to keep to		□ Fall □ Winter □ Spring □ Summer	Number Number Number	of credits of credits of credits of credits	i	
	in place of training from (list prior						
☐ I am requesting a cl	nange of program. New program.						
 Advance pay requests mu IF YOU QUALIFY (s IF YES, please read an of the quarter and may 	please read: Do You ble if student is currently attending or atte st be submitted no later than 30 days (co see above) do you wish Advance and initial the following: "I am away not receive another check until a sither advance or continuous pay could re	nded the prior term. St ntinuing student) or 45 e Pay? (Not available re that if I request a approximately 3 to	udent must be enr days (new student for Post 9/11 (Ch3 Advance Pay I 4 months later.	olled in 6 cred before a qua 33))	arter begins No a check	at the	
I DECLARE THE INFORMA	TION IN THIS APPLICATION TO BE ACCURA	TE AND WISH TO APPLY	FOR VA BENEFITS	AT SPOKANE	COMMUNITY	COLLE	GE
Signature				Date			
OFFICE USE ONLY:	Program		Prio	r credits earn	ed		_
	Prior schools						

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, gender or age in its programs and activities. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college. For TTY service call 533-7482.

CCS 4811-09/10 (Rev. 2/11) Marketing and Public Relations