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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | Spokane Falls Community College2015-2016 VETERAN REPORTING FORM | **For Office Use:**Date Received: Note Advance Pay Intake  |
|  |  |  |
| Name |       |       |       | Date of birth | / / |
|  | Last | First | Middle |  |  |
| SFCC SID no. |       | File no. (SSN) |       |
| [ ]  Veteran | [ ]  Guard/Reserve | [ ]  Active Duty | [ ]  Dependent |
| **CONTACT INFORMATION** |
| In order to avoid payment or mailing problems, it will be your responsibility to keep the SFCC Campus Veterans Office and Admissions/Registration informed of changes in your address and phone number. |
| Mailing address |
| Street |       | City |       |
| State |       | ZIP |       |
| Phone |       | E-mail |       |
|  |
| **BENEFIT** |
|  |  |  |
| [ ]  Montgomery (Ch 30) | [ ]  Guard/Reserve (Ch 1606) | [ ]  REAP (Ch 1607…Guard/Reserve activated 90 continuous days or more) |
| [ ]  Dependent (Ch 35) VA File # |   | [ ]  Ch 31 | [ ]  Ch 33 post 9-11 | [ ]  CH 33 post-9-11:TEB |
| **PLEASE CHECK ALL THAT APPLY** |
| [ ]  | Summer 2015  | Number of credits |       |  | **Fall, winter, spring** |  | **Summer** |
| [ ]  | Fall 2015 | Number of credits |       |  | 12 credits = full time |  | 8 credits = full time |
| [ ]  | Winter 2016 | Number of credits |       |  | 9-11 credits = 3/4 time |  | 6-7 credits = 3/4 time |
| [ ]  | Spring 2016 | Number of credits |       |  | 6-8 credits = 1/2 time |  | 4-5 credits = 1/2 time |
|  |
| **PLEASE CHECK ALL THAT APPLY** |
| [ ]  | SFCC Program |       | Intent |       |
| [ ]  | I am requesting a change of program. New program: |       |
|  |
| [ ]  | I request a change in place of training from (list prior school and last date attended) |
|  |  |
|  |
| **COLLEGES ATTENDED: List all colleges previously attended** |
| College | Dates attended | Program |
|       |       |       |
|       |       |       |
|       |       |       |
| Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, gender or age in itsprograms and activities. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college. |
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|  |
| Advance Pay: Do You Qualify? |
| Chapter 33 not eligible |
| 1. Advance pay is not available if student is currently attending or attended the prior term.
2. Student must be enrolled for at least 1/2 time (6 credits or more).
3. Advance pay requests must be submitted no later than 30 days (continuing student) or 45 days (new student) before a quarter begins.

Advance payment allows you to receive your first two months of benefits prior to the start of your first quarter. If you choose to receive this payment it is important that you are aware that you will not receive another payment until the end of your third month of school. |
| **Please check the appropriate box below indicating your choice on the advance payment option:** |
| **[ ]** Accept advance pay | [ ]  Decline advance pay |
|  |
| **STATEMENT OF UNDERSTANDING – READ AND SIGN BELOW** |
|  |
| [ ]  | 1. I understand that I must complete a Veteran Reporting form each year. SFCC will not certify my benefits without this form.
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| [ ]  | 1. I understand that I must meet with an academic counselor and obtain an education plan for the SFCC degree or certificate program I pursue. The courses I take must fit within my education plan. If I decide to change my degree or program, I must inform, both, the Veterans and Admissions offices and meet with an academic counselor to obtain another education plan.
 |
| [ ]  | 1. I understand I am required to submit my DD214 for evaluation of up to five (5) credits to be used towards my degree program HEALTH-RELATED & PHYSICAL EDUCATION requirements; furthermore, I understand if I previously attended another college or university, I must submit official transcripts within the first two (2) quarters I attend SFCC and complete a Graduation Petition to have ALL my credits evaluated. The VA will not pay for classes I have previously passed with at least a 1.0 GPA, UNLESS my degree program requires a higher course GPA for graduation and my previous course grade was below a 2.0 GPA.
 |
| [ ]  | 1. I understand that I am **required** to attend classes all quarter. I understand the impact of receiving a “W” or “Z” grade. Failure to attend all of the classes for which I was certified with the VA may result in my having to repay benefits I received.
 |
| [ ]  | 1. Classes for which an “I” (incomplete) is awarded must be completed by the end of the subsequent quarter (excluding summer). Otherwise, my entitlement for benefits for that course may be reduced and may result in an overpayment.
 |
| [ ]  | 1. I understand I am required to make satisfactory progress toward my degree by maintaining a quarterly 2.00 GPA.
 |
| [ ]  | 1. I understand that short classes scheduled to meet for less than the full quarter term dates may affect my enrollment status and the amount of my monthly payment.
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| [ ]  | 1. I understand that payment for remedial classes (below 100 level) will not be allowed unless need for such class(es) is established by a placement test and/or documented by a counselor and they must be a resident course, as the VA will not approve remedial online or hybrid courses.
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| [ ]  | 1. I understand that I am eligible for Veterans Work Study as long as I am attending school three-quarter time.
 |
| [ ]  | 1. I understand how the VA pay scale works for my particular Chapter benefits.
 |
| [ ]  | 1. I understand how *direct deposit* works.
 |
| [ ]  | 1. I understand that the VA will hold me responsible for any overpayment of my educational benefits.
 |
| [ ]  | 1. I have received a printout of Important Contact Information.
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| [ ]  | (**Chapter 30, 1606, 1607**) I understand that I must report my *attendance* at the end of each month to receive my GI Bill benefits either by calling (877) 823-2378 or by going online at [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave/).  |
| **i HAVE READ and understand the above statement of understanding and declare the information in this application to be accurate and wish to apply for va****benefits at Spokane FALLS Community College.** |
| Print name |       | Date signed |       |
| Your Signature |  |