



HCC Certification Request
for
Veterans Educational Benefits
2008-2009

Name _____ SSN _____

Address _____ Phone _____

Email _____

Veterans Education Program you are participating in: Chapter _____
 Chapter 30 Montgomery GI Bill – Active Duty Chapter 1606 Montgomery GI Bill – Selected Reserve
 Chapter 1607 Reserve Educational Assistance Program Chapter 35 Survivors' and Dependents' Educational Assistance
Please provide Veteran's File Number if Chapter 35 _____

Is this your first time to receive benefits? _____
If yes, has your application for benefits been filed with the VA? _____

First time SCC applicants: Have you ever attended college before? _____
If yes, please list all colleges attended: _____

Please indicate your request to be certified:
(Check line and complete hours for each term)

_____ Fall 200____ for _____ credit hours

_____ Spring 200____ for _____ credit hours

_____ Summer 200____ for _____ credit hours

Students are encouraged to check their academic program as outlined in the HCC catalog and to meet with their advisor to plan for future hours needed. Fall and Spring semesters will be certified together. Summer semester will not be certified until students have registered for classes, due to the unpredictable nature of the summer schedule.

My signature (student) below indicates that I wish to be certified for Veterans Educational Benefits as indicated above, and that I will notify the HCC VA Certifying Official if my request or hours scheduled should change throughout the year.

 Student Name

 Date