

# GAVILAN COLLEGE

Financial Aid/VA Office 5055 Santa Teresa Blvd Gilroy, CA 95020 Tel: 408-848-4734 Fax: 408-848-4752

## Veteran Benefits Checklist Sheet

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**CERTIFICATION WILL BE REPORTED ON A SEMESTER BASIS AFTER THE CLASS PRINT OUT IS TURNED IN TO THE FINANCIAL AID OFFICE. THE CLASSES ENROLLED FOR THE SEMESTER MUST REFLECT ON YOUR EDUCATIONAL PLAN.**

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Dear Veteran:

All items on this VA packet **must be returned to the VA /Financial Aid Office** (Including prior academic transcripts & class print out that matches your Ed Plan) before you can be certified.

The following must be completed in order to process your VA Educational Benefits. If not sure what your VA Education Benefits you are eligible for please go to [http://www.gibill.va.gov/GI\\_Bill\\_Info/benefits.htm](http://www.gibill.va.gov/GI_Bill_Info/benefits.htm), to determine what chapter you are eligible to apply. You can also go to our website: <http://www.gavilan.edu/finaid/va/forms.html> for forms for VA Educational Benefits or go on line to <http://vabenefits.vba.va.gov/vonapp/main.asp> to apply. Please return this form with your paperwork, complete with signature.

### Checklist for Veterans Applying for Educational Benefits

1.  Copy of **DD214**
2.  Application for Veterans Educational Benefits (Form 22-1999) or go on line to :  
<http://vabenefits.vba.va.gov/vonapp/main.asp> submit print-out of application or approved letter from Department of Veterans
3.  ***If a dependent the application for Survivors' and Dependents' Educational Assistance (Form 22-5490) and/or approved letter from Department of Veterans.***
4.  Veteran's Office Veteran Evaluation of Course Requirement for Current Major.
5.  Veteran Benefits Enrollment Certification Request 2009-2010.
6.  Academic transcripts from all other institutions
7.  Educational plan (**A major or program must be declared to be certified**)
8.  *If you are eligible for the new GI Bill Chapter 33 Post 9/11 please fill-out the request for tuition fee waiver.*
9.  *If you are a dependent of a veterans please fill-out the **California Department of Veterans Affairs College Fee Waiver** and send to the given address or fax to be approved. Once you receive the letter from the California Department of Veterans Affairs please complete the Board of Governors Fee Waiver Application (BOG) with a letter from the California Department of Veteran Affairs so you will not need to pay full tuition for the school year.*

**When claiming dependents, submit copies of marriage license, divorce decreed, (if applicable) and children's birth certificates. Veterans changing majors, address, or place of training, ask for VA 22-1995 for re-certification. Each semester bring a copy of your schedule and when adding or dropping let us know. The veteran is responsible in calling in enrollment certification to 877-823-2378 at the end of each month before payment is issued by the VA.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## VETERAN EVALUATION OF COURSE REQUIREMENT FOR CURRENT MAJOR

VA Student's Name \_\_\_\_\_ ID or SSN \_\_\_\_\_

*Listed below are the names of all other colleges I have attended. Without these transcripts, the counselor cannot proceed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VA Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Per Veterans Affairs regulations, only one major or program is permitted for each evaluation form. Two programs cannot be combined, such as combining an Associate Degree with a Transfer Program.**

### TO BE COMPLETED BY COUNSELOR

Circle \*ONE Academic Objective:    A.A.    A. S.    Certificate    Transfer

Major \_\_\_\_\_

If transfer, indicate intended Transfer Institution \_\_\_\_\_

List ONLY Prerequisites (per Catalog) or Basic Skills (per assessment test results) courses needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Courses which need to be repeated and why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(NOTE: VA will not pay for repeat courses unless the course is required to meet the academic objective or minimum GPA)*

Free elective units needed to meet unit requirement for academic objective \_\_\_\_\_

### **PRIOR CREDIT EVALUATION FOR CURRENT OBJECTIVE**

\_\_\_\_\_ All prior credit which fulfill major, general education, and/or unit requirements for current objective. Include all applicable units from Gavilan College and from all prior colleges.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Veteran Benefits Enrollment Certification Request 2009-2010

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

VA File # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ e-mail \_\_\_\_\_

(E-mail print clearly)

Date you were separated from the military \_\_\_\_\_

Have you served an aggregated period of active duty after 9/11/2001? \_\_\_ Yes \_\_\_ No

Under which program will you receive benefits for the first time?

**CHECK ONE**

Chapter 30 (New G.I. Bill) _____	Chapter 35 (Widow/Dependent) _____	Transfer _____
Chapter 31 (Voc. Rehab) _____	Chapter 106 (Reservist) _____	New Student _____
Chapter 32 (VEAP) _____	Chapter 33 (9/11) _____	Continuing Student _____
Chapter 34 (Old G.I. Bill) _____	Returning Student _____	

Are you applying for VA Educational Benefits for the first time? \_\_\_ Yes \_\_\_ No

*If you did apply for VA Educational Benefits at another school you need to fill out form 1995 Request of Change of School or Training.*

Name of the school you last received VA Benefits was \_\_\_\_\_

Number of college units completed \_\_\_\_\_ *(Includes all college work before, during and after military service)*

Academic Objective (Circle one)    A.A.    A.S.    CERT.    B.A.    B.S.    Transfer Program

Intended Transfer School \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** I understand that I must **REQUEST CERTIFICATION OF ENROLLMENT** and that the above information is correct. I understand that should any changes (adds, drops, withdrawals) take place, I will **PROMPTLY** notify Gavilan College Financial Aid/Veteran Office so that action can be taken to modify my certification. I further understand that I am liable for any overpayment that may occur due to not reporting changes on my part.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS INSTITUTION DOES NOT PARTICIPATE IN ADVANCE PAY**

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## Consent for Release of Veteran Student Information 2009-2010

If you wish your records to be released to another party, you must complete the information below; submit this form to the Financial Aid/VA Office and present valid picture identification, which can include:

1. Driver license
2. State ID
3. School ID
4. Military ID

Veteran Name \_\_\_\_\_ Veteran Gavilan ID # \_\_\_\_\_

I hereby authorize the individual(s) listed below access to information regarding my VA information at Gavilan College for the \_\_\_\_\_ academic year. I understand that this only pertains to the Veteran Information and not other Gavilan College Departments on campus and I have the right to rescind this request at any time.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Veteran Signature Required \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE

Copy of picture ID attached \_\_\_\_\_  
Date Received \_\_\_\_\_ Staff Signature \_\_\_\_\_

## WHAT CHAPTER ARE YOU?

This is a list and short description of each chapter. For more information on the different VA chapters go on line to: <http://gibill.va.gov/>.

- ❖ **Chapter 31 Vocational Rehabilitation** – Veterans with compensable service connected disabilities that meet certain qualifications. Must be enrolled in minimum of 6 units to be eligible for this benefit. Contact Department of Veterans Affairs' Vocational Rehabilitation and Education program (also known as Voc-Rehab) which offers disabled vets counseling, training, education and other services needed to help reintegrate into the civilian workforce. <http://www.military.com/money-for-school/veteran/gi-bill/vocational-rehabilitation-and-employment-vre>
- ❖ **Chapter 1606 Montgomery GI Bill-Selected Reserve** – Active reserve and Guard members who, on or after July 1, 1985 agreed to serve at least six years.
- ❖ **Chapter 1607 Reserve Educational Assistance Program (REAP)** – Active members of the Selected Reserve called to active duty in response to a contingency operation declared by the President or Congress. The Chapter 1607 benefits pay a percentage of the Chapter 30 three-year or more rate based on the number of continuous service days on active duty.
- ❖ **Chapter 35 Dependents Educational Assistance** – Dependents and survivors of service-connected disabled veterans (100% total/permanent) or deceased veterans.
- ❖ **Chapter 30 Montgomery GI Bill** – This benefit is available in two categories to qualifying veterans:
  1. Active duty service beginning July 1, 1985 or after.
  2. Active duty service beginning on or before December 31, 1979 served continuously through June 30, 1988 or after.
- ❖ **Chapter 33 Post 9/11 GI Bill** - only active duty service performed after 9/11/2001, may be considered for determining eligibility for this new benefit. To be eligible, a service member or veteran must have served at least 90 days aggregate days on active duty. However, individuals honorably discharged for a service-connected disability who served 30 continuous days after 9/10/2001, may also establish eligibility. Submit letter of approve from the VA to the VA Certifying Official at Gavilan College

Go to: <http://vabenefits.vba.va.gov/vonapp/main.asp> for an electronic application form that may be completed and submitted online requesting your Veteran Education Benefits or come into the Gavilan College Financial Aid/Veteran Office for the paper application. You can also go to the following website [www.gavilan.edu/finaid](http://www.gavilan.edu/finaid) to print out an application for VA Educational Benefits. Once certified by the VA Certifying Official you can verify your units on [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave).





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**33. EDUCATION** (Include all apprenticeships and on-the-job training) (Continued)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
VOCATIONAL OR TRADE						
OTHER						

**B. EMPLOYMENT**

**34. CURRENT AND PAST EMPLOYMENT**

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED	LICENSE OR RATING

**PART VII - ELECTION (CHILD ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits beginning on the following date:

**35. DATE OF ELECTION**

Month	Day	Year

**36. REMARKS** (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to include your name and Social Security Number on each additional paper you include)

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36. REMARKS (Continued)

APPLICATION SUBMISSION REMINDERS AND INFORMATION

Did you remember to:

- Write your Social Security Number on Each Page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. copy of birth certificate, marriage license, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION IN ITEMS 42A AND 42B.

THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT [WWW.GIBILL.VA.GOV](http://WWW.GIBILL.VA.GOV).

37. IF YOU WOULD LIKE TO RECEIVE A PRINTED PAMPHLET, CHECK THIS BOX

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

38A. SIGNATURE OF APPLICANT (Do NOT Print)

38B. DATE SIGNED

SIGN HERE  
IN INK

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN

(This section must be completed by the parent, guardian, or custodian if the applicant is a minor)

39. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (First, Middle Initial, Last) (Type or print)

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40. MAILING ADDRESS OF PARENT, GUARDIAN OR CUSTODIAN

Number and Street

Apt./Unit Number

City, State, ZIP Code

41. TELEPHONE NUMBERS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code)

Primary:

Secondary:

41B. EMAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (If Applicable)

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42A. SIGNATURE OF: (Check one) (Do Not Print)

- PARENT     GUARDIAN     CUSTODIAN

42B. DATE SIGNED

SIGN HERE  
IN INK