

Veteran Certification Form — 2024/2025

You are applying for veteran’s benefits at KVCC. Before we can certify your application request, you must read the following statements, sign and return the white copy to the KVCC Student Financial Services Office.

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Student Name	Date of Birth	Valley ID #

1. I understand that all the classes I am enrolled in for the upcoming semester must qualify towards the degree program I am completing as stated on the Veteran's Intent Form. **Any additional class may not be paid for by veteran's educational benefits. The VA will only pay for classes that are required for a declared degree.**
2. I understand the months when I must apply for **advance payment: June** for the Fall semester, **October** for the Winter semester, and **March** for the Summer semester. I understand to apply for **advance payment**, I must complete **Box A and B on the Enrollment Certification Form (VA Form 22-1999)** which is available in the Student Financial Services Office.
3. I understand if I'm approved for advance payment, my first check will cover the first partial or full month of training, plus the following month.
4. I understand that VA will send my advance payment check to KVCC. I must be registered for classes before it can be released. I further understand that I must be registered for the semester the advance payment covers before KVCC can release my check. Future checks will be mailed to my home address or by direct deposit.
5. I understand I must complete a **Veteran's Intent Form** for each semester I attend classes at KVCC and wish to be considered for VA benefits.
6. I understand if I am changing schools or curriculum, I must complete a **Change of Program/Place of Training Form**, available in the Student Financial Services Office.
7. I understand which VA Chapter I qualify for: (Please check) Chapter 30 Chapter 33 Chapter 31
 Chapter 1606 Other _____ In addition, I understand my educational benefits entitlement.
8. I understand that by taking module classes (4, 6, 8, 12 or 14 weeks), payment of benefits will be different than for 15-week classes.
9. I understand VA payment is based on actual enrollment: beginning to ending date of a class rather than the beginning and ending date of the semester. Module classes may create a break in enrollment.
10. I understand that the college can submit a request for benefit assistance up to 120 days prior to the beginning of the semester for which benefits are requested.
11. I understand that if I am eligible for Chapter 30, Chapter 33, or 1606 benefits, I must certify my enrollment each month by calling the toll-free phone number at 1-877-823-2378 or by connecting to their internet site at www.gibill.va.gov.
12. **I understand that if I make any changes to my enrollment, I must submit a new intent form. If I do not this may result in my enrollment not being correct and my funding to be inaccurate.**
13. **I understand if I withdraw from one or more classes after KVCC's drop/add period, I will receive a non-punitive grade of W. This could cause an overpayment and I may have to repay all benefits for the classes(s). VA will adjust my benefit eligibility as of the date my enrollment status was reduced.**
14. I understand if I have attended another college(s), I must request to have my **academic transcript(s)** sent to KVCC for evaluation.
15. I understand that I must comply with KVCC's **Standards of Academic Progress Policy** for veterans. To continue my eligibility for VA educational benefits, I am required to maintain a cumulative grade point average of at least 2.0, and I must satisfactorily complete at least 75% of the credit hours for which I am enrolled during any enrollment period.
16. I understand KVCC's Standards of Academic Progress Policy as stated on the Veteran's Intent Form.
17. I understand if I receive a "**failing grade**" (0.0) in any class(es) for which I received veterans' benefits, I must report to the Student Financial Services Office at KVCC, the last date of attendance in each class for which the failing grade was given. This must be done within two weeks from the last date of attendance.

My signature certifies that I have read and understand the above statements regarding my interest in applying for Veteran's Benefits.

Signature: _____ **Date:** _____

	<p>Kalamazoo Valley Community College Student Financial Services Office — Texas Township Campus — Office # 9210 6767 West O Avenue — P.O. Box 4070 - Kalamazoo, MI 49003-4070 Phone: 269-488-4340 — Fax: 269-488-4120 — Email: finaid@kvcc.edu</p>	www.kvcc.edu/finaid
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