

Veterans/Dependents – VA Educational Benefits – Intake Form

| NAME:ADDRESS: | | | STUDENT ID #: | | |
|---|----------------|---|---------------------|---|--|
| | | | | | |
| | | | | ACT PHONE #: | |
| EMAIL ADDRESS: | | | | | |
| | | | | | |
| Ch 30 Montgomery G | I Bill ™ | Ch 31 Vocational | Rehabilitation | □ Ch 33 Post 9/11 GI Bill ™ | |
| □ Ch 1606 Selected Reserve | | Ch 35 Dependent, | Dependent/Survivors | □ Ch 33 -TOE (transfer of entitlement) | |
| <i>Current Objective</i> – Plea certificate program offer | | | | onal plan. It must be a degree or se select one below: | |
| □ AA or AS Degree M | ajor: | | _ | | |
| □ Transfer program M | ajor: | | Transf | er Institution: | |
| □ Certificate M | ajor: | | | | |
| Official Transcripts – Off prior to VA education pla | | • | - | niversities attended MUST be on file anscripts). | |
| YES, I attended and h College Attended | | i <mark>pts from other colle</mark> A <u>ttended</u> | ges outside of L | os Rios, as listed below: Received in Office (Staff Use) | |
| | | | | | |
| | | | | | |
| □ NO, I did not attend | and do not l | have transcripts from | other colleges | outside of Los Rios. | |
| I understand that my VA or incomplete. | educationa | l benefits may be affe | ected if any info | rmation provide to FLC is inaccurate | |
| Student's Signature | | | Date | _ | |
| OFFICE USE ONLY: | | | | | |
| □ VA Application (VA form | ı 1990, 5490, | 1995 or 5495) | | | |
| □ FLC VA Statement of Stu | udent Unders | standing form | | | |
| DD-214 (member 4 cop | y) - not requ | ired for chapter 35 or ch | napter 33-TOE | | |
| VA Educational Plan | | Appointment | scheduled: | / / | |
| I FLC VA Request for Certification form (ONLINE - must be completed EVERY semester) | | | | | |
| □ Certificate of Eligibility (| COE) letter | | | | |
| □ For Chapter 35: Vetera | | | | | |
| | | | Dependent # | <u> </u> | |
| DND posted for Chapter | : 33, 33-TOE : | and 31 only | | | |