**QUINSIGAMOND COMMUNITY COLLEGE VETERAN AFFAIRS OFFICE—258A**

**VA PRE-REGISTRATION FORM**

NAME                                                 \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  \_\_\_

(LAST) (FIRST) (MI)

MAILING

ADDRESS                                           \_\_\_\_\_\_\_\_\_\_\_

(STREET) (TOWN) (ZIPCODE)

SSN         MOBILE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR/DEGREE PROGRAM                   STUDENT ID #

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RACE/ETHNICITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST PERSON TO ATTEND COLLEGE IN MY FAMILY YES NO

CURRENT DISABILITY RATING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOW INCOME YES NO

PLEASE **CHECK** TYPE OF BENEFIT(S) YOU ARE APPLYING FOR:

1) \***Chap. 30**: Montgomery

2) **Chap. 31**: Vocational Rehabilitation

3) **Chap. 33:** Post 9/11

**(Please provide your Certificate of Eligibility PERCENTAGE):** \_\_\_\_\_\_\_%

4) **Chap. 35**: Dependent of 100% disabled or deceased veteran

5) \***Chap. 1606**: Educational Entitlement for Selected Reserve

6) Veteran **State Tuition Waiver**

7) Active-Duty Tuition Assistance (TA) \_\_\_\_\_\_\_

8) **National Guard Benefits (every semester we need a new certificate from the**

**NG)**

PLEASE FILL IN WHAT SEMESTER YOU CURRENTLY WANT TO USE YOUR BENEFITS FOR (Example: Fall 2021):

Fall        Spring\_\_\_\_\_\_\_\_

Summer I     Summer II   Intersession\_\_\_\_\_\_

**FULL-TIME STUDENT** \_\_\_\_\_\_\_\_\_ **PART-TIME STUDENT** \_\_\_\_\_\_\_\_\_\_\_

(less than 12 credits) \_\_\_\_\_\_\_\_\_\_\_

* Remedial/Developmental classes **MUST** BE TAKEN IN PERSON. ONLY classes **required** for your program of study will be certified. Inform us if you change your major.
* You must inform us if you are using the College’s Health Insurance.
* You are required to notify us if your major or credits change during the semester.
* CERTAIN CHAPTERS are required to verify enrollment on the last day of each month enrolled in order to receive payment.
* Only one semester at a time will be certified to the V.A. You must complete this form **every semester** if you plan to use your benefits.
* CHAPTERS 31 AND 33 YOU NEED AT LEAST 7 CREDITS FOR HOUSING BENEFITS.
* The student is responsible for the bill if the va should not pay in full. you should also apply for financial aid benefits!

**Your signature below confirms you have read and understand your responsibilities and requirements for using your educational benefits.**

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