



Veteran Checklist and Certification Packet 2020-2021

Please fill out all information in black or blue ink

Name: _____ ECC ID/SS#: _____ Semester (circle one): SUMMER
FALL
SPRING

Please specify your status:

- New Student (I have never used veteran education benefits at ECC)
- Returning Student (I have used my veteran education benefits at ECC)
- Guest Student (Student is taking classes at more than one institution concurrently and has a parent letter on file with ECC)

IMPORTANT INFORMATION:

- This packet must be submitted to the Financial Aid and Scholarships Office each semester in order to activate veteran education benefit(s).
- Students must submit a certificate/letter of eligibility for each benefit that they wish to use.
- Students must be registered in their courses before submitting this packet.
- Students using GI Bill Chapters 1606, Chapter 30 and Chapter 35 may need to set up payment arrangements with the Student Accounts Office. These benefits are paid directly to the student and not to the institution.
- Students are encouraged to meet with their academic advisor to select their courses.
- Students are encouraged to apply for financial assistance at studentaid.gov.
- Students that are using the GI Bill must contact the VA at 888-442-4551 for questions regarding deposits that are made directly by the VA (monthly payments, housing allowance, book stipends, etc.).

Request for Activation/Certification of Veteran Education Benefits

STUDENT INFORMATION

SOCIAL SECURITY NUMBER: _____ PHONE NUMBER: _____

DEGREE (circle) A.A. A.S. A.A.S Other: _____

NAME OF CERTIFICATE (if applicable) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED EMAIL ADDRESS: _____

BENEFIT INFORMATION:

Please indicate the benefit(s) that you would like to activate for this term:

ILLINOIS STATE BENEFITS

- Illinois Veteran Grant
- Illinois National Guard Grant
- MIA/POW Scholarship
 - Scholarship Card Number (Required): _____

IMPORTANT: Students using ISAC grants are responsible for all non-tuition class fees (lab fees, internet fees, etc.)

GI BILL BENEFITS

- Chapter 30- Montgomery GI Bill – Active Duty
- Chapter 31- Federal Vocational Rehabilitation (VocRehab)
- Chapter 33- Post 9/11 GI Bill
- Chapter 35- Dependents Educational Assistance
 - VA File Number (required) _____
- Chapter 1606- Montgomery GI Bill- Selected Reserve

IMPORTANT: GI Bill students using CH. 1606, CH. 35, and CH. 30 may need to set up payment arrangements with the Student Accounts Office. These benefits are paid directly to the student and not to the institution.

Benefit Regulations

GI Bill Regulations:

- Students must maintain the Financial Aid Standards of Satisfactory Academic Progress.
- The GI Bill will not be certified for: (1) classes that are not required for the respective degree/certificate program, (2) audited classes, (3) repeated classes for which program grade requirements have been met, (4) remedial courses taught online, (5) continuing education courses, or (6) non-credit courses.
- Students that drop (or are dropped from) a classes/classes may be required to make full or partial repayment to both the school and the VA.
- All changes to schedule and cost are updated with the VA within 30 business days.
- Students are responsible for paying any amount that is not paid directly to the institution by the VA.
- Students must communicate directly with the VA about payments that are made to the student.

State Benefit Regulations:

- State funding is not applicable to non-tuition class fees (lab fees, internet fees, etc.).
- The MIA/POW Scholarship does not pay for the \$6 per term registration fee.
- Students must maintain a cumulative GPA of a 2.0 or above for all credits taken at the college.
- The Illinois Veteran Grant and Illinois National Guard Grant will be charged for any courses dropped on or after the 100% refund date for the course. Grant units will be adjusted by ISAC accordingly.
- Students that are using the Illinois National Guard Grant must reapply each year and provide proof of eligibility to the Financial Aid and Scholarships Office.

Certification and Signature

Please check the boxes below:

- I have read and understand all of the information presented in this packet.
- I understand that I am responsible for paying any amount that is not paid directly by my educational benefit(s).
- I would like to request the activation of my indicated educational benefit(s) for the respective academic term.

I certify that all of the information reported on this form is complete and correct.

Signature: _____ Date: _____

**Electronic Signatures will not be accepted*