JeffersonCTC Veterans Affairs Office
Veterans Educational Benefits Enrollment Form

PLEASE PRINT

Please select SEMESTER and YEAR that you are REQUESTING VA CERTIFICATION:
SPRING:____ SUMMER:____ FALL:_____ YEAR:20____.

VA Educational Benefit CHAPTERS:

( ) Chapter 30, Montgomery GI Bill
( ) Chapter 31, VA Vocational Rehabilitation
( ) Chapter 32, VEAP
( ) Chapter 33, Post 9/11 GI Bill
( ) Chapter 35, Dependents
( ) Chapter 1606, Mont., GI Bill (Guard/Reserve)
( ) Chapter 1607, REAP
( ) KRS-164 (505/507/515) Tuition Waivers. By checking this block the waiver will be applied ONLY if a copy is on file w/JeffersonCTC VA Office. A copy can be attached and we'll apply and track each semester.

NAME:_____. Date of Birth:_____.

SOCIAL SECURITY#: _____. VA FILE#:_____.

ADDRESS:_____.

CITY:_____. STATE/ZIP CODE:_____.

PHONE#:_____. STUDENT ID#: 00_____.

KCTCS/Jefferson Student Email Address (ONLY):_____@kctcs.edu

TYPE OF DEGREE/PROGRAM PLAN:
( ) AA=Associates in ARTS
( ) AS=Associates in SCIENCE
( ) AAS=Associates in APPLIED Sciences: List AAS degree name. (Culinary Arts, Human Services, Nursing etc.).

_____.
( ) Diploma or Certification in: List Plan name. (HVAC, Auto-Technician, Welding etc.).

_____.

My Signature Below Indicates:

1. **I understand that it is MY responsibility to report ANY change that affects my student status (attendance, changes in schedule/credit hours, grades, degree/program plan, mailing address) to the JeffersonCTC Office of Veterans Affairs and the Department of Veterans Affairs; and that I will be held LIABLE for any overpayment which results from my failure to comply.**
2. **I understand I am responsible for paying tuition and fees cost within the deadlines established by JeffersonCTC.**
3. **I understand I will ONLY be paid benefits for classes that are required for my degree at JeffersonCTC.**
4. **I understand that if I have previously completed a class elsewhere that is the equivalent to a course I'm currently taking, I will not receive VA benefits for the current class.**
5. **The information given is correct and accurate and I give permission to the JeffersonCTC VA Office to release educational information necessary for Fin-Aid determination.**

SIGNATURE:_____DATE:_____.