



# Veterans Benefit

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE CHECK ONE:**

- This is the first time I have attended Carolina College of Biblical Studies using my VA Benefits.  
**(VA Certificate of Eligibility or a copy of initial application for benefits is required)**
- I am new student transferring from another College and I have previously used my benefits.  
**(22-1995 or 22-5495 change of place of training form is required)**
- I have attended CCBS and used VA benefits.
- Visiting Student (Letter from home school required).
- AA in Biblical Studies       BA in Biblical Studies
- AA in Leadership & Ministry       BA in Leadership & Ministry

**PLEASE SELECT QUARTER FOR WHICH YOUR ARE REQUESTING CERTIFICATON (only 1 quarter per form)**

- *VA will not pay benefits for credits excluded from GPA/hours, and or courses not included in your degree program*

<input type="checkbox"/> FALL	Year _____	Credit Campus Hours _____	Online Hours _____
<input type="checkbox"/> WINTER	Year _____	Credit Campus Hours _____	Online Hours _____
<input type="checkbox"/> SPRING	Year _____	Credit Campus Hours _____	Online Hours _____
<input type="checkbox"/> SUMMER	Year _____	Credit Campus Hours _____	Online Hours _____

***PLEASE REMEMBER TO NOTIFY THE VA CERTIFYING OFFICIAL OF ANY CHANGES IN HOURS!***

ARE ALL OF THE COURSES YOU ARE REQUESTING CERTIFICATION FOR THIS CURRENT TERM REQUIRED BY YOUR DEGREE PROGRAM?  Yes  No If no, list course (s) \_\_\_\_\_

Are you repeating any courses this quarter?  No  Yes If yes, list course(s) \_\_\_\_\_

**Type of benefits you receive:** (Please check one) **Are you currently on active duty?**  Yes  No

- Chapter 33, Post 9/11 GI Bill       Chapter 1606, Montgomery GI Bill (Nat. Guard or Reservist)
- Chapter 31, Vocational Rehabilitation       Chapter 1606, Reserve Educational Assistance Program
- Chapter 30, Montgomery GI Bill       Chapter 35, Dependents of 100% disabled veterans

**VA File # or SSN \_\_\_\_\_ (Claim cannot be processed without this number)**

By submitting this form, I agree to advise the CCBS Veterans Services Officer of any changes to the above information and understand that failure to report changes to my enrollment may cause an overpayment for which I would be responsible for repayment to the VA. If I fail to report changes to my enrollment status, I understand that this office reserves the right to process subsequent certifications by quarter and/or after the quarter is completed. I acknowledge the CCBS Veterans Services Office may release non-directory information to the Veterans Administration as needed to comply with VA/Government regulations. I understand that it can take 60-90 days to process this claim.

**INSTRUCTIONS: Download this form. Go to your DOWNLOADS folder and open the file. DO NOT open this file online, it will not save your information. Fill in the boxes using your computer. Save this form and email it as an attachment to financialaid@ccbs.edu**

Signature \_\_\_\_\_

Date \_\_\_\_\_