

## **Student Information Sheet**

www.columbiasc.edu

# All information requested below is needed to process your benefits. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN PROCESSING DELAYS.

## Please return the completed form to <a href="mailto:ccva@columbiasc.edu">ccva@columbiasc.edu</a>

Full Name:		CCID #:	С
Phone #:		CC Email:	
Street Address: City, State, Zip		Student SSN #:	
Please select your applicable category:	Veteran Active Duty   Dependent Survivor	Student's MAJOR:	
Are you transferring from another school where you used GI Bill Benefits?	YES NO If <i>yes</i> , please answer the transferring question listed at the bottom of the page.	What term do you plan to start at CC	

#### Transferring from another school, please answer the following question:

Yes No Have you completed the appropriate VA Form "Change of Program/Place of Training" (22-1995 or 22-5495)? Please attach a copy to this form.

## Which Federal VA Educational Program are you using?

CH. 30: Montgomery GI Bill	<b>CH. 35:</b> Dependent Educational Assistance Program
<b>CH. 31</b> : Vocational Rehab & Employment	<b>CH. 1606:</b> Montgomery GI Bill—Selected Reserve
CH. 33: Post 9/11 GI Bill	Tuition Assistance

## CH. 31 VOC REHAB, please answer the following question:

Name of VR&E Counselor:	
Email of VR&E Counselor:	

## CH. 33: POST 9/11, please answer the following questions:

Yes No	Is your Post 9/11 GI Bill sponsor (Spouse/parent who transferred) a former/retired service member?
Yes No	If yes to the above question, did your GI Bill sponsor <b>leave the military within the last 3</b> years?
Yes No	Is your 9/11 GI Bill sponsor (spouse/parent who transferred) an Active Duty service mem- ber?

## CH. 35: DEA, please answer the following question:

PARENT or SPOUSE	
SSN/File #:	