Office of Financial Aid and Veteran Services
2400 W. Bradley Avenue, U-286
Champaign, IL 61821-1899
E-mail: finaid@parkland.edu
Telephone: 217-351-2222
Fax: 217-373-3807

Veteran Certification Request

Forms can be submitted by mail, fax (217/373-3807), or delivered in person.
To ensure your privacy, Do NOT submit forms through email.

1. Name (Last, First, Middle Initial):_____

2. Social Security Number:_____

3. E-mail Address:_____ Phone:_____

4. Mailing Address:_____

   _____

   _____

   Is this an address change from what is on record with the VA?

   Yes_____ No_____

   If yes, contact the St. Louis RPO to update your records at 1-888-442-4551.

5. Is this your Initial Certification Request? Yes:_____ No:_____

6. For which semester are you requesting to use your veteran's benefits? Fall: _____ Spring: _____ Summer: _____

7. Are you currently on active duty? Yes:_____ No:_____

8. Branch of service (unless Chapter 35 or transfer of entitlement)?

   - ☐ Air force
   - ☐ Army
   - ☐ Navy
   - ☐ Coast Guard
   - ☐ Marines
   - ☐ Air National Guard/Reserves
   - ☐ Army National Guard/Reserves

9. Which benefit(s) are you applying for?

   - ☐ **Illinois Veterans Grant** *(Eligibility letter must be on file and you must reside in Illinois to use this benefit. By signing this form, I am confirming that I am a resident of Illinois and will be residing in Illinois while using this benefit.)*
   - ☐ **Illinois National Guard Grant** *(Eligibility letter must be on file – You must reapply for this grant prior to every fall)*
   - ☐ **Deceased, Disabled and MIA-POW Scholarship** *(Eligibility letter must be on file)*
   - ☐ **Chapter 31 Veteran Readiness and Employment** *(Authorization from a case worker must be on file – You will need to request a new authorization from your case worker each semester – You must be enrolled in at least 6 credit hours/term to receive the BAH.)*
   - ☐ **Chapter 30 Montgomery GI Bill®** *(You must be enrolled in at least 6 credit hours/term to receive the BAH)*
   - ☐ **Chapter 1606 Selected Reserve GI Bill®** *(You must be enrolled in at least 6 credit hours/term to receive the BAH)*
   - ☐ **Chapter 33 Post 9/11 GI Bill® /TOE/Frye Scholarship** *(You must be enrolled in at least 7 credit hours/term to receive the BAH. You must be enrolled in at least one on campus class or you will only receive ½ the national average of the BAH)*
   - ☐ ***Chapter 35 Spouse/Dependent GI Bill®** *(You must be enrolled in at least 6 credit hours/term to receive the BAH)*

10. ***For Chapter 35 recipients only:** VA File Number _____ Parent/Spouse Name: _____

11. Are you concurrently enrolled at another educational institution? **Yes**:_____ **No**:_____

If yes, and Parkland is not your home school, you will need to have your home school send a letter to Parkland stating that the classes you are enrolled in at Parkland will count towards your degree at your home school.

If yes, and Parkland is your home school, list the name and address of the Certifying Official at your supplemental school. List the courses you are taking at your supplemental school that you wish to be certified for:

_____

_____

_____

12. Have you previously received VA educational benefits at another educational institution? **Yes**:_____ **No**:_____

If yes, you must submit a signed copy of your change of program or place of training form (22-1995 or 22-5495) to the Parkland Office of Financial Aid and Veterans Services. This form is available online at www.vets.gov.

If no, you must complete an application for benefits (22-1990 or 22-5490) and submit the form to the VA. This form is available online at www.vets.gov.

—— I understand that I must submit this form to the Certifying Official each semester before I will be certified to use my veteran's benefits.

—— I understand that I must be registered for classes for the semester I am requesting to use the benefits, prior to submitting this form.

—— I understand that I must be enrolled in an eligible degree or certificate program to be certified for Federal benefits.

—— I understand that Federal VA benefits will not be approved for use on any classes that are not required for my degree/certificate.

—— I understand that I may not be eligible for Federal VA benefits if I am on academic probation/suspension.

—— I understand that I may not be eligible for State VA benefits if I am not maintaining satisfactory academic standards.

—— I understand that I cannot submit this form more than 120 days prior to the start of a semester.

—— I understand that I am responsible for checking my student e-mail for correspondence from the Certifying Official and following up on any necessary items, or my processing may be delayed.

—— I understand that it is my responsibility to notify the Certifying Official of any changes to my enrollment.

Once this form is submitted, Parkland College will not update your certification with the VA due to changes in your enrollment until after the census date each semester (Add/Drop Period). **Before submitting this form you should be sure that this is your final schedule and you will not be making changes. Making changes to your schedule will delay processing and may cause you to owe money to the VA.**

If you are enrolled at another institution, you **must** submit a parent letter to Parkland College before certification.

If you have used veteran's benefits at another institution since the last time you used it at Parkland, you will need to submit a change of program or place of training form to Parkland College before you will be certified.

It may take up to 3 months for the VA to process your certification after this form is submitted. **It is important that this form is submitted to our office as early as possible so that there is no delay in your benefits.**

Your signature on this form confirms that you wish to receive Federal VA Education Benefits and that you fully understand and agree to comply with the rules and regulations pertaining to these benefits.

Signature: _____ **Date**: _____