



PO Box 587, Pendleton, SC 29670
 Office of Financial Aid - Miller Hall
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**VA Affidavit and Student Intake
 For VA Education Benefits**

Date Stamp Received:

STATUS INFORMATION:

Student Status: New Returning Transient/Visiting

Veteran Status: Veteran Active Duty
 SC National Guard/Reserves Dependent

Is this your first time using VA education benefits? Yes No

***If NO, have you changed your place of training and/or completed a 22-1995/22-5495?** Yes No

Name: _____ T# _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ TCTC Email: _____

VETERANS EDUCATION BENEFITS FOR WHICH YOU ARE APPLYING (check one):

Your benefit type (you can list either Chapter # if known or title of benefit):

Chapter # _____ / Title: _____

****If you are CHAPTER 35 (Dependent), what is the VA Claim #:** _____

WHAT IS YOUR PROGRAM OF STUDY (MAJOR)? _____

ANTICIPATED ENROLLMENT: Semester: _____ Year: _____ Number of Credits: _____

STATEMENT OF UNDERSTANDING:

- **I am responsible for paying any charges (tuition and fees) not covered by my Veteran's education benefits.**
- I must be registered for courses that are **required for my degree program. Only those required courses may be certified to the VA for payment.**
- **I must complete the Veterans' Certification Request Form EACH semester in order to be certified for my courses.**
- I must **immediately** report any changes in enrollment (course add/drops, withdrawals) to the Veterans Coordinator, and to provide substantial explanation for dropping classes or withdrawing from a class. A reduction in credit hours may result in a change in eligibility for benefits even after disbursement has occurred.
- If I am Chapter 30, 1606, 1607, or VRAP, I must verify my enrollment monthly with the VA by visiting the VA website at www.gibill.va.gov. Click "Verify Attendance (WAVE)". Or, I can call 1-877-823-2378.
- VA benefits **may be discontinued if I fail to maintain satisfactory academic progress or satisfactory attendance** towards completion of my program of study. I further understand that "Incomplete" (I) grades must be completed by the end of the following semester, or VA benefits may be reduced or interrupted.
- The information contained in this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____