



ILLINOIS VALLEY COMMUNITY COLLEGE

Veterans Services Office Biographic Information

Name: _____ SSN: _____
Last First MI

Address _____ VA File #: _____
if Chapter 35

City _____ State _____ Zip Code _____ Phone# _____

Email Address: _____

Qualified Veteran Name: _____
Last First MI

VA Benefit: _____ Chapter 30 (Montgomery)
_____ Chapter 31 (Vocational Rehab)
_____ Chapter 33 (Post 9/11)
_____ Chapter 35 (Survivors, Dependents)
_____ Chapter 1606 (Montgomery Selected Reserve)

List All Previous Colleges:

<u>Name Of College</u>	<u>Dates Attended</u>	<u>VA benefits used?</u>	
1. _____	_____ to _____	Yes	No
2. _____	_____ to _____	Yes	No
3. _____	_____ to _____	Yes	No

All college transcripts must be sent to the Records Office for transfer credit evaluation within one semester of benefits being certified at IVCC. Also, submit a Joint Services Transcript for evaluation of military schooling.

Please submit a copy of your DD214 to the Veterans Service Office at your earliest convenience.

Student Signature: _____ Date: ____/____/____

←←← If using Chapter 33 (Post 9/11) please see reverse. →→→

Chapter 33 Recipients Only

Complete this section if you are using Chapter 33 (Post-9/11 GI Bill ®).

The Chapter 33 (Post-9/11 GI Bill ®) requires that any tuition and fee restricted award (IVG, National Guard, MAP, etc.) be used before the tuition and fee portion of Chapter 33 benefits, to pay your IVCC tuition and fee charges. This does not affect the books & supplies stipend or monthly housing allowance. IVCC will apply your other tuition restricted awards first unless you opt to decline those awards in their entirety.

I understand that if I receive any tuition and fee restricted award, the VA will reduce the tuition and fee portion of my Chapter 33 benefits so the combination of funds does not exceed my IVCC tuition and fees charges. If you have previously applied for and are eligible to receive a tuition and fee restricted award that you elect not to use, please complete the following:

I elect not to use the following tuition and fee restricted award(s) and request the IVCC Financial Aid Office to cancel the award(s) in order to use my full Chapter 33 benefits.

Name of Award(s)

- ☐ Illinois Veteran Grant (IVG)
- ☐ Illinois National Guard Grant (ING)
- ☐ Monetary Award Program Grant (MAP)
- ☐ Other (Please Specify) _____

I understand this election will remain in effect unless I notify the IVCC Financial Aid Office in writing that I intend to change it.

Student Signature: _____ Date: ____/____/____