



Lincoln College
Financial Aid Office

300 Keokuk · Lincoln, IL 62656
Phone 217.735.7231 · Fax 217.735.9016
lincolncollege.edu

Veteran Checklist and Certification Packet

Welcome to Lincoln College! In order to utilize your benefits you will need to complete this packet each semester **after you register** to ensure that your classes are certified. This will guarantee that the VA receives your certification in a timely manner. Please read below and check off that you have completed the first steps to receiving your benefits here at Lincoln College.

Note: You are encouraged to apply for financial aid by visiting www.fafsa.ed.gov . You may qualify for financial aid to assist you with your tuition costs, books and fees.

Name: _____ ID Number: _____ Semester/Year: _____

Email: _____

Please check below , if you are a new or returning student utilizing benefits.

☐

New Student

☐

Returning Student

____ **I am** using the **GI Bill®** and have completed the online application to receive my benefits with the VA. Form 22-1990 (new user) or form 22-1995 (change of school /change of program) at www.gibill.va.gov , and have received my eligibility letter and have given a copy to the FA Office/or is attached.

____ **I am not** using **Chapter 33 GI Bill®, VocRehab, or any other federal military funded method to cover my tuition** and have set up a payment plan with the business office.

Note: GI Bill® users: 1606, 1607, Chapter 35 and Chapter 30 **MUST SET UP PAYMENT ARRANGMENTS WITH STUDENT ACCOUNTS. THESE BENEFITS ARE PAID DIRECTLY TO THE STUDENT AND NOT THE INSTITUTION. IF YOU ARE NOT USING FEDERAL FINANCIAL AID TO COVER TUITION EXPENSES.**

Revised 04/17



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Request for Certification of Enrollment for VA Benefits

NAME: _____ DATE: ____/____/____

SOCIAL SECURITY NUMBER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

VA FILE NUMBER: _____ DATE OF BIRTH: ____/____/____

Have you previously been certified for VA benefits by Lincoln College? ☐ No ☐ Yes Recent semester **certified:** _____

Program of Study: _____

Branch of Service _____

GI Bill®

Please check only if you are using the GI Bill® for this current semester:

- ☐ CHAPTER 30- GI Bill® (MONTGOMERY GI Bill®)
- ☐ CHAPTER 31- FEDERAL VOCATIONAL REHABILITATION (VocRehab)
- ☐ CHAPTER 33- POST 9/11 GI Bill®
- ☐ CHAPTER 35- SURVIVORS AND DEPENDENTS EDUCATIONAL ASSISTANCE (VA DEPENDENTS)
- ☐ CHAPTER 1606- EDUCATIONAL ASSISTANCE FOR MEMBERS OF THE SELECTED RESERVE

| Dept. | Course# | Main Campus/Internet | Title | Sem Hrs. | Start Date |
|----------|---------|----------------------|-------|----------|------------|
| End Date | Weeks | | | | |

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|----|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |



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Check each box to confirm: I understand that I may not claim benefits for:

- ☐ Failing to attend class regularly.
- ☐ Not maintaining the S.A.P Policy of the Financial Aid Department.
- ☐ Any course not specifically required for completion of my associate degree program or my specific program of study.
- ☐ Auditing a course.
- ☐ Continuing education courses and/or any courses in which no credit is granted toward my degree.
- ☐ Any course in which a non-punitive grade is received. The DVA's ruling on non-punitive grades is that anyone receiving a non-punitive grade while using DVA benefits may be required to make partial or complete repayment of educational benefits for the semester.
- ☐ Repeating a course in which a passing grade of A, B, C, or D has been received, unless the grade received does not meet program requirements.
- ☐ Any remedial course taken online ex: MTH096, ENG098.

I agree to provide the following information to the Financial Aid & Scholarships office:

Check each box to confirm:

- ☐ Completion of the Certification of Enrollment Form each semester.
- ☐ If I add or drop a class.
- ☐ If I change my degree objective or program of study.
- ☐ My last date of attendance.
- ☐ Any change to my address.

Overpayments incurred due to failure of reporting the above information to the Financial Aid & Scholarships office will be the undersigned responsibility. All changes will be updated with the VA.

SIGNATURE _____ Date _____