

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 **<u>after you register</u>** 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 <u>www.fafsa.ed.gov</u>. 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 **GIBILL** 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 <u>www.gibill.va.gov</u>, and have received my eligibility letter and have given a copy to the FA Office/or is attached.

I <u>am not</u> using Chapter 33 Gibill, VocRehab, or any other federal military funded method to cover my tuition and have set up a payment plan with the business office.

<u>Note:</u> GIBILL 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.



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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:D	ATE OF BIRTH://				
Have you previously been certified for VA benefits by Lincoln College? DNO Ves Recent semester certified:					
Program of Study:	Branch of Service				

<u>GIBILL</u>

Please check only if you are using the GIBILL 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. End	Course# Date Week	Main Campus ks	/Internet	Title	Sem H	Irs. Star	t Date
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 <u>Einancial Aid Department</u>.

Any course not specifically required for completion of my associate degree program or my specific program <u>of study</u>.

Auditing	а	course
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Continuing education courses and/or any courses in which no credit is granted toward my degree.

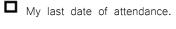
Any course in which a non-punitive grade is received. The DVA's ruling on non-punitive grades is that anyone receiving a non-punitive grade while using DVA benefits may be required to make partial or complete repayment of educational benefits for the semester.

- 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 <u>online</u> 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.



• 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