

# VETERANS CERTIFICATION FORM

Please provide all information requested on this form. Failure to do so may result in a delay of payment.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAJOR: \_\_\_\_\_

Education benefit you are applying for:

\_\_\_\_ MONTGOMERY GI BILL-Active Duty Education Assistance Program (Chap. 30)

\_\_\_\_ MONTGOMERY GI BILL-Selective Reserve Education Assistance Program (Chap.1606)

\_\_\_\_ MONTGOMERY GI BILL – Reserve Education and Assistance Program [REAP] (Chap.1607)

\_\_\_\_ VOCATIONAL REHABILITATION (Chap. 31)

\_\_\_\_ SURVIVORS' & DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM  
(Chap. 35)

Semester you are applying for: \_\_\_\_\_

Have you ever collected VA benefits at Bucks? \_\_\_\_\_

If yes, when was the last semester that you collected benefits? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

VA File Number (Chapters 31 and 35 only): \_\_\_\_\_ (REQUIRED for CHAP 35)

BCCC Student Number: \_\_\_\_\_

COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS

I understand that I must immediately notify the Veteran’s Coordinator of any change in my course load this semester. Failure to do so may result in reduction or termination of VA Benefits for the entire semester. **NOTE: You must fill out the separate three-part form to qualify for a deferment. Deferments are typically due about halfway through the semester and payment arrangements are expected to be kept current once you start receiving your VA funds.**

VETERAN’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_