



VA Education Benefits Request

Complete this form each semester of enrollment at Wake Technical Community College.

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: XXX-XX-____ (CH 35 only): VA File # _____ Student ID #: _____

Current Address: _____ Phone #: _____ - _____ - _____

City: _____ State _____ Zip _____ Email: _____

(Veteran only) Military Branch of Service: _____ Are you currently Active Duty? ☐ Yes ☐ No

Eligibility: (Please check education benefit you are eligible for.)

☐ CH 33: Post -911 ☐ CH 33: Post -911 Transfer of Entitlement (TOE) ☐ Fry Scholarship

☐ CH 30: Montgomery GI Bill ☐ CH 31: Veteran Readiness & Employment (VR&E)

☐ CH 35: Dependent/Survivor Assistance ☐ CH 1606: Selected Reserve/Guard ☐ Tuition Assistance (TA)

Please indicate below the semester, year and current program/degree enrolled:

Term/Semester: _____ Year: _____ Program/Degree: _____

Is this your first semester requesting VA Education Benefits at Wake Tech? ☐ Yes ☐ No

Advance Payment is NOT an option for Post-9/11 GI Bill.

Advance Payment Requested? ☐ Yes ☐ No

**Advance Payment requests must be submitted to the Veteran Services Office at least 6 weeks prior to the start of the term. VA reserves the right to reject any advance payment requests.

Please INITIAL next to each statement confirming you will adhere to the policies and procedures set forth by both the Department of Veteran Affairs and Wake Technical Community College.

____ I acknowledge the information provided is accurate.

____ Should any information change, I will notify Veteran Services as soon as possible.

____ I understand enrollment will not be submitted to VA until I am registered for courses.

____ I understand (if applicable), I **MUST** self-verify attendance at the end of each month.

____ I will comply with VA and college regulations concerning: Drops/Withdrawals/Terminations of Registration.

____ I understand I will not be paid for courses not in my curriculum.

____ I understand I will not be paid for courses challenged or audited.

____ I understand I will not be paid for pre-curriculum (remedial) courses taught online.

Signature: _____

Date: _____