

Financial Aid

VA - Declaration of Intent

The use of this form confirms your desire to receive VA educational benefits for the semester specified. No certification will be initiated without this form. Enrollment certification will be processed upon receipt of the completed form, submission of supporting documents (where applicable) and registration for the designated semester in the courses listed on the reverse of this form. If you are electronically submitting this form, please encrypt this and all documents using Adobe PDF or word, and then send the password separately to us.

Semester (complete one): Fall 20 Winter 20 Spring 20 Summer 20
A separate form must be completed for each semester benefits are requested.

Personal Information

Last Name: First Name: Email Address:

*Address:

Street

Street

Street

Social Security Number:	Ema	il Address:	
*Address:			
City		State	Zip
Home Phone: * NOTE: For uninterrupted benefits it is Affairs (800-827-1000).	Work Phone necessary to promptly report a	eddress changes to the	Dept. of Veterans
When/where did you begin receiving VA	A educational benefits?	- Inctituti	ion
☐ New Student ☐ Returning St	udent Graduating (Gradu	Senior: Expected Grad	
Chapter under which you wish to be cere	VA Information tified:		
Chapter 30 (Montgomery GI Bill)	or Tuition Assistance		
Please note, if you plan to us TA bear Chapter 31 (Vocational Rehabilitation		ough ArmyIgnitED each to	erm.
Chapter 33 (Post-9/11 GI Bill) check I am the Veteran I am the Dependent	k all that apply: I am currently on Active D My Spouse is currently on		
Chapter 35 (Survivors and Depender VA File Number		ired for Chapter 35 stu	dents)
Chapter 1606 (Selected Reserve)			

Hood College Program Information

<u>Ed</u>	ucational Plans:					
	Undergraduate Degree Core requirements Foundation courses Certification Program Only Graduate/Post Grad Degree	Foundation AND Con	e requirements			
	Major : Advisor:					
Ch	ange of Major? No Yes					
Required Information for Veterans and Dependents						
Courses for which you wish to be certified this semester (use a separate form for each semester):						
Co	urse Number and Title	Cred				
Co	urse returned and Title	1100	Kequi	icu:		
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	* -					
	Information and Personal Responsibility for Receiving VA Benefits					
1. All persons receiving VA educational benefits are required to attend classes on a regular basis. All courses that are not successfully completed must be reported to the Veterans Administration. All certified courses must pertain to your VA recognized curriculum.						
2.	2. Benefits for courses with a non-standard schedule (i.e., .5 credit P.E. courses, weekend seminar courses) will be paid only for the portion of the semester in which the course is actually scheduled.					
3. It is your responsibility to notify the VA School Certifying Official if you add, drop or withdraw from a course, withdraw from the college, or make other changes that would affect your VA payment status.						
4.	4. It is your responsibility to notify the VA School Certifying Official if you make any changes to your enrollment which would impact your tuition and/or fees.					
5.	 Chapter 33 students must submit the Certificate of Eligibility (and any updates if applicable) to the VA School Certifying Official upon receipt from the VA. 					
I attest that the information contained on this form is accurate and complete. I understand that the release of my academic record to the VA may be required and I authorize same. I have read and understand my personal responsibilities in claiming VA benefits. My failure to comply may jeopardize my continued receipt of VA educational benefits and cause possible repayment of benefits already received.						
Ve	teran/Veteran Dependent Signature	Date				

Financial Aid Office: 301-696-3411

Fax: 301-696-3812