NORTHSHORE TECHNICAL COMMUNITY COLLEGE

Office of Financial Aid and Veterans Services

VA REQUEST FORM

Email form to: veterans@northshorecollege.edu

Student Information		
Last Name, First Name Middle Initial		LoLA Student ID(L000000000) **L**
Email Address	Phone (Include area code)	Date of Birth (Month/Day/Year) / /
Program of Study		
First time using benefits at this school? **Yes->** ☐ Please provide the following documents Certificate of Eligibility and DD214, if you are the Veteran		

☐ FALL ☐ SPRING ☐ SUMMER
YEAR: **20** _____

Benefit Program

☐ **Chapter 30** Montgomery GI Bill-Active Duty ®

☐ **Chapter 1606** Montgomery GI Bill ® - Selected Reserve

☐ **Chapter 31** Vocational Rehabilitation & Employment ***COUNSELOR'S EMAIL: @va.gov

☐ **Chapter 35** Dependents Educational Assistance
New Students Only VA File Number: _____ Qualifying Veteran's Name: _____
Check here if you the State Title 29 Tuition Exemption: ☐ (First Name) (Last Name)

☐ **Chapter 33** Post-9/11 GI Bill ®
What is your percentage of eligibility? _____% Check
if benefits were transferred from a parent or spouse: ☐ **Other**
tuition payments you may receive:
Financial Aid ☐ **National Guard Exempt** ☐ **Military TA** ☐ **Other Tuition Discount/Exemption/School Benefit** ☐

Carefully read and initial to confirm agreement:

_____ I am **REGISTERED FOR COURSES** and all courses satisfy my degree requirements and have been approved by my advisor.

_____ I understand that only courses that are required for my degree will be certified and submitted to VA.

_____ I understand VA will NOT pay for classes that have already been successfully completed. The VA describes successful completion as earning a grade in a class that would be sufficient for graduation requirements.

_____ I understand short courses are those that only meet half of the semester (7 or 8 weeks) and may affect my VA monthly payment rate.

_____ I understand that debts may be incurred if I drop classes after the last day to add/drop and may affect my VA monthly payment rate.

_____ I am responsible for all debts owed to NTCC and/or VA resulting from any change to my enrollment.

_____ Any changes in my enrollment) will be reported to VA and could affect my payments.

_____ I authorize NTCC to certify my enrollment for the above semester(s) and release information to VA concerning my academic status.

_____ This form must be completed EACH semester; failure to do so, prior to the start of the semester may delay the processing time for benefits.

_____ I MUST maintain Satisfactory Academic Progress towards my educational degree for any tuition waivers that I receive.

_____ I understand that payment arrangements must be secured before the start of the semester if my VA benefits do not send tuition and fees directly to NTCC or if the tuition and fees is only partially paid for from the VA.

X _____
Student Signature

Rev. July 2026