

# Financial Aid Office

University of South Carolina Lancaster  
PO Box 889 • Lancaster, SC 29721-0889  
Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: [usclfa@mailbox.sc.edu](mailto:usclfa@mailbox.sc.edu)  
<http://usclanaster.sc.edu/finaid/index.html>

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## VETERAN CERTIFICATION REQUEST

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Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Social Security #: \_\_\_\_\_ File #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **VETERAN BENEFIT INFORMATION**

For which benefit are you applying? (Check One)

- Chapter 33 NEW Post 9/11 GI Bill
- Chapter 30 Montgomery GI Bill — Current/Former Active Duty (**DD-214 Required**)
- Chapter 1606 Montgomery GI Bill — Selected Reserve (**NOBE Required**)
- Chapter 1607 Reserve Educational Assistance Program –REAP (**NOBE Required**)
- Chapter 35 Dependents' Educational Assistance (**Certificate of Eligibility Required**)
- Chapter 31 Vocational Rehabilitation Program (**28-1905, signed by case worker, Required**)

### **ENROLLMENT STATUS**

Major: \_\_\_\_\_

Term:  Fall  Fall I  Fall II Year: \_\_\_\_\_

Total number of credit hours elected for term(s): \_\_\_\_\_

\*\*\*All courses to be certified must be required for the major indicated above. Your enrollment can not be certified until you have registered.

**PLEASE READ AND SIGN ACKNOWLEDGEMENT AND UNDERSTANDING OF THE FOLLOWING STATEMENT:** The information I have provided on this form is true. I understand that it is my responsibility to notify the USC Lancaster VA Office of any changes in my degree program or projected semester/term hours (including drops, withdrawals, and petition for grade changes). I also understand that if I fail a course due to excessive absences or non-attendance in class, I may be required to repay any money received (from the VA for the failed course).

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Student Signature

Date