

Financial Aid Office

University of South Carolina Lancaster
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<http://usclanaster.sc.edu/finaid/index.html>

VETERAN CERTIFICATION REQUEST

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: Maymester Summer I Summer 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).

Student Signature

Date