



Veteran Student Information Using Chapter 33 Post 9/11 and Chapter 33T

Students

Legal Name: _____ SID# _____
Last First Middle Initial

I will be using VA Education Benefits while attending Howard College. I understand and agree to the following:
(Read and initial each each)

_____ I must submit a "Certificate of Eligibility" letter sent from the VA to the School Certifying Official on or before the day I register for classes in my initial semester. I further understand that if I have not received and/or submitted such letter at the time of registration, I will be responsible for paying my tuition/fees out of pocket until the COE is received, unless I am awarded other types of aid such as federal PELL grant or scholarships by the deadline to pay for classes.

_____ I also understand that I will be responsible for payment of any remaining percentile of coverage that the VA does not cover. For example, if eligible for 70% coverage, I will be responsible for 30% of my tuition/fees.

_____ I further understand that my book allowance will come directly from the VA and may not arrive until after school has started, depending on when I register and when I receive the COE. I know that I am responsible for buying my books out of pocket, unless I am receiving other types of financial aid, such as PELL grant, book scholarship, etc.

_____ I further understand that the rate of pursuit of my education goals must be at least 51% in order to receive a Basic Allowance for Housing. For example, if the full-time rate for a semester is 12 hours and 6 hours would be considered 50%, I must be enrolled in at least 7 hours for a long-term semester. Summer hours would require me to be enrolled in at least 4 semester hours to satisfy 51% of a regular 6-week summer term. Mini 3-week terms would only require 3 semester hours.

_____ I understand that the calculation of the amount of my BAH is figured from the Howard College zip code where I attend the majority of my classes and I must be enrolled in at least 1 face to face class to receive the BAH.

Certification

By signing and dating this document, I acknowledge that the Veterans Education Benefits Coordinator and/or School Certifying Official at Howard College has the right to disclose information related to my veterans education benefits or any other information to the party or class of parties I have designated.

Student Signature: _____ Date: _____

Printed Name: _____ SSN: _____

HC Veteran Advisor Signature: _____ Date: _____