

WDCE - REQUEST FOR CERTIFICATION - VA

Email form to va@montgomerycollege.edu

A separate form must be submitted every term/semester.	Please indicate type of benefit you intend to use.
FALL WINTER SPRING SUMMER I SUMMER II YEAR	□ Chapter 33 (Post 9/11 GI Bill) □ I am a veteran/service member □ I am a dependent of the veteran/service member
Which campus will you take most of your classes this term?	(transferred benefits)
□ Rockville □ Takoma Park/Silver Spring □ Germantown	 □ Chapter 30 □ Active Duty □ I would like to request advance payment to the VA
□ Online	☐ Chapter 31 (please check with your VR&E counselor for Authorization #)
MC I.D.:	
Last Name:	☐ Chapter 35 (Survivors & Dependents Educational Assistance)
First Name:	☐ I would like to request advance payment to the VA
Address:	New VA Claimant : Please provide your Veteran Sponsor's First and Last names.
You MUST fill out an address change form with the	First Name:
Enrollment Services Office, if the address above is a new address.	Last Name:
Email - Address:	☐ Chapter 1606/1607 (Active Selected Reserves/National Guard)
Phone:	☐ I would like to request advance payment to the VA
Please indicate VA approved Non-Credit program you will register for this term/semester.	YOUR STATUS
	□ New VA claimant □ Continuing student
☐ Allergen Awareness	☐ Transfer student
□ Basic Appraisal Principles□ Basic Appraisal Procedures	$\hfill \square$ Guest student (Parent letter from Primary Institution, and
 □ Basic Appraisal Frocedures □ Basic Real Estate Principles & Practices for Salesperson 	permission to enroll at another Institution required)
 □ Python- Certified Associate Level Programmer □ Python- Certified Entry Level Programmer 	□ I Request to have a HOLD put on my schedule to avoid non-payment deletes.
☐ Certified Nursing Assistant/Geriatric ☐ CISCO CCNA Complete	STUDENT ACCOUNTABILITY STATEMENT
☐ Child Growth and Development	
□ Cybersecurity Practitioner	I am responsible for payment of all tuition and fees that
☐ Food Service Certification	my VA benefits do not cover. I understand that completion of this form assures me of
☐ Home Inspection – Principles for Pre-licensing	enrollment certification with the DVA.
☐ Hospital - Based Certified Nursing Assistant	I understand that a hold will be placed on my account that will
☐ AWS Solutions Architect- Associate	prevent my classes from being dropped for non-payment. If I
□ Networking Practitioner	decide not to attend my classes, I am responsible for dropping them and I must notify the school VA Office of any schedule
□ Nail Technician I-II-III	change(s). If I do not fulfill this obligation my benefits may be
 □ Planning Curricula for Child Care □ Real Estate-Appraisal Standards and Ethics 	delayed. If I drop my classes, I am required to return the
☐ TIPS Alcohol Certification	funding that I have been provided.
□ Veterinary Assistant Training I-II-III	
	Signature:
	Date:

PROMISSORY NOTE FOR VETERANS EDUCATION BENEFITS

Montgomery College [MC] will not be able to "hold" your classes unless this form is on file along with your Certificate of Eligibility for CH. 33.

Name: _____

Initial each block:
GI-Bill Chapter 33 Benefits
Enrollment verification is a new requirement for Post-9/11 GI Bill students to verify that they have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they are no longer enrolled in their courses or training. To streamline the process, VA is providing the option to verify enrollment easily and securely via text message. Read more below.
Certify my class schedule for <i>GI-Bill Chapter</i> 33 benefits. I understand that:
1) The VA will pay the college a percentage of my tuition and fees if I am determined to be eligible for Chapter 33 benefits. The percentage of my tuition and fees that the VA will pay the college is based on my active service time since 9/11/2001 as determined by the VA; 2) I am responsible for paying any tuition and fees balance owed to the college if the VA does not pay 100% of my tuition and fees; 3) I must provide MC's VA Coordinator with a copy of my VA Chapter 33 Certificate of Eligibility as soon as it arrives. My VA Chapter 33 Certificate of Eligibility will state my approved benefit percentage of payment.
I am responsible for purchasing my own textbooks each semester. If I am determined to be eligible, the VA will award me a book allowance based on my course load. I understand that enrollment verification is a new requirement for Post-9/11 GI Bill students. I know I must verify that I have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they enrolled in their courses of training.
I understand that the VA will pay me the monthly E-5 married BAH rate for Montgomery County as long as: 1) I register more than half-time (7+ credits) in a semester AND 2) At least one of my classes is on campus. I understand that NO monthly payment of BAH will be paid by the VA if I register for less than half-time (6 credits and under) in the fall and spring semester.

ALL VA CLAIMANTS MUST COMPLETE THIS SECTION. Initial each block:

I understand that I must immediately notify the MC VA Coordinator of any changes made to my class schedule by me or anyone else under any circumstances (i.e. adds, drops, withdrawals, change of major, etc.).	
Failure to notify the VA Coordinator may result in me owing the VA for an overpayment. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to the college on my behalf. I understand that I must attend all classes to the end of the term.	
I understand that I must submit transcript(s)	
from prior colleges/universities and military schools for	
evaluation.	
I understand that the VA will only pay for	
classes required for my WDCE program.	
Each semester, the MC VA Coordinator verifies all veteran registered classes to confirm each class is required for that student's WDCE program. I must notify the VA Coordinator of any change to my program within 24-hours of a change being made.	
Signature:	
Date:	