

Request for Certification of Educational Benefits - The Forever Request Form

Name: _____ Student ID #: _____

Address (to be reported to VA): _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address (CCU Preferred): _____

Part I – I receive VA educational benefits under the following program:

- Chapter 30** (New GI Bill®; service beginning after June 30, 1985)
 **This chapter requires monthly reporting of verification through the VA. Using W.A.V.E.
<https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378
- Chapter 31** (Vocational Rehabilitation for Service-Disabled Veterans)
- Chapter 32** (Non-contributory VEAP; Service January 1, 1977 through June 30, 1985)
- Chapter 33*** (Post 9/11 GI Bill®; service after September 11, 2001) *Required each term: Copy of Certificate of Eligibility
 Are you a dependent receiving benefits either from a parent or spouse Yes No
 If yes, is the parent or spouse on Active Duty? Yes No
- Chapter 35** (Dependents Educational Assistance Program)
 First request - Veteran's/Sponsor's SSN: _____ - _____ - _____ Payee number: _____
- Chapter 1606** (New GI Bill®; National Guard or Selected Reserve)
 **This chapter requires monthly reporting of verification through the VA. Using W.A.V.E.
<https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

Part II

- ❖ Are you (The Student) currently on active duty? Yes No
- ❖ Will you be receiving the SC National Guard Tuition Assistance Program (SCNG CAP) Yes No
- ❖ I will be receiving Tuition Assistance- either through GoArmyEd / AIPortal Yes No

Part III

- ❖ Have you used your VA Benefits at a school prior to attending Coastal? Yes No
- ❖ If yes, have you completed a VA Form 22-1995 or 22-5495 with the VA? Yes No
 ○ If no, please contact a VA Certifying Official at CCU

Part IV – complete this section only if this is the first time you are using your VA benefit

- ❖ Have you submitted your application to the VA for the benefit requested above? Yes No
 ○ If no, please complete the online or paper application with the VA at: <http://www.va.gov>

Part V – Initials

- ____ By initialing and signing this form, I understand that only required courses for my degree program can be certified for VA education benefits.
- ____ By initialing and signing this form, I am requesting that a certifying official, certify my educational benefits, unless I notify otherwise. Additionally, I understand that this form is valid through all academic years at Coastal Carolina University
- ____ By initialing and signing this form, I understand that it is my responsibility to notify the Veterans Services Office when my entitlement has exhausted.
- ____ By initialing I acknowledge that as a student I must maintain satisfactory progress as stated in the Coastal Carolina University catalog.

I declare that the above statements are true and that I will notify the VA Certifying Official immediately of any changes in my program of study or of any changes in my enrollment status (including dropping of classes).

Signature: _____ Date: _____

Sheila Singleton - Senior School Certifying Official

Chapter 33, and 32, ssinglet@coastal.edu, phone 843-349-2464, fax 843-438-3558

Jeremiah Hust - Military Funding Coordinator

Chapter 31, 35, Chapter 1606/1607 and Tuition Assistance, jbhust@coastal.edu, phone 843-349-2203, fax 843-438-3558

Mailing Address:

Lib Jackson Student Union B203 Coastal Carolina University PO Box 261954 Conway,
SC 29528-6054