



Veteran's Educational Benefits Enrollment Certification Form

Students wishing to use their VA Educational Benefits while attending a qualified program at Vantage Career Center will need to complete both sides of this form. Submit the completed form to the financial aid office.

Name						
(First)	(Middle)		(Last)			
Street		City		State	Zip	
Phone ()						
E-mail						
VA File Number (Cl	hapter 35 only)					
Program of Enrolln	ment:					
Start Date:		_ Completion	Date:			
Check appropriate	response:					
First-time ap	oplying for VA Educational Benefits					
Previously us	sed VA benefits at another school					
Previously us	sed VA benefits at Vantage Career Ce	enter				
Chapter 160	al Assistance Program (check one): 16 (Member of Army Reserve, Navy R Guard Reserve, and the Army Nati 17 (Reserve Education Assistance – RE active duty in response to a war o President or Congress.	onal Guard and EAP - members	the Air Nation of the Reserve	al Guard). componen	ts called or ordered to	
Chapter 30 N	Montgomery GI Bill®					
Chapter 31 \	Veteran Readiness and Employment	(VR&E)				
Chapter 32 \	Veterans Educational Assistance Prog	gram (VEAP)				
Chapter 35 S	Survivors' and Dependents' Education	n Assistance (DI	EA)			
Chapter 33 F	Post-9/11 GI Bill®					
Chapter 33 1	Transfer of Entitlement (TOE) of GLP	ost 9/11 benefit	ts to spouse or	dependent	children	



Prior Credit Evaluation for Veterans

Vantage Career Center will review any prior credit and grant credit as appropriate for any veteran using their VA Educational Benefits. Prior credit can be from previous education, training, and experience; including military training and experience. Students seeking prior credit must complete the information below and attach transcripts and any other documentation for review to the school certifying official.

The program coordinator will be responsible for evaluating the documentation and deciding how much credit if any will be given. The student may be asked to take an exam or demonstrate skills to assure the student has adequately retained the information. The decision of the program coordinator is final and cannot be appealed.

certi	ide a list of all previous training or efficate program. Attach all necessary fious Training or Experience:	ranscripts and documentation and re	eturn to the financial aid office.
	Check box if you are not s	seeking prior credit evalu	ation
By sig	lent Certification gning this form, I certify that all the inform optly notify the Financial Aid Office of any		ed to mislead anyone. I will
•	Student Signature	Date	
For Pro	ogram Coordinator to Complete:		
I have	evaluated the documentation submitted by the studen	t and have determined the student is eligible for the fo	ollowing credit:
-	Program Coordinator Signature	⊃ Date	

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