



OFFICE OF FINANCIAL AID VETERANS AFFAIRS

Please return completed form to:
Veterans Affairs Coordinator
Office of Financial Aid, Wilson West 100
Camden County College
PO Box 200
Blackwood, NJ 08012
Phone: 856-374-4960
Fax: 856-374-4980

VETERANS ENROLLMENT CERTIFICATE

| | | | | |
|---|------------------------|--|-----------------------------|--|
| Student ID Number | Social Security Number | Name (Last, First, MI) | | |
| Address | | | CCC assigned e-mail address | |
| City | State | Zip | Phone Number () | |
| Academic Program (Major) | | | | |
| Your benefit program: <input type="checkbox"/> Active Duty Ch. 30 <input type="checkbox"/> Voc. Rehab. Ch. 31 <input type="checkbox"/> VEAP Ch. 32 <input type="checkbox"/> Survivors/Dependents Ch. 35 <input type="checkbox"/> Guard/Reserves Ch. 1606 <input type="checkbox"/> REAP Ch. 1607 | | | | |
| Are you currently serving on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Survivors/Dependents ONLY: VA file and suffix numbers or letter (41=A): | | |
| CHECK all boxes that apply to you and provide additional information, if requested: | | | | |
| For which terms would you like to be certified: <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____ | | | | |
| Have you ever been certified for VA educational benefits at Camden County College? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, specify term _____ year _____ | | | | |
| If no, have you ever been certified for VA educational benefits at another college/university? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, specify college _____ last term _____ year _____ | | | | |
| Have you submitted a Change of Program or Place of Training form to the VA? 22-1995 (Ch. 30, 1606, 1607) or 22-5495 (Ch. 35) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If you have never received benefits, have you submitted an application to the VA? 22-1990 (Ch. 30, 1606, 1607) or 22-5490 (Ch. 35) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

STUDENT CERTIFICATION

I hereby authorize Camden County College to notify the Veteran's Administration of any changes in my enrollment status.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

OFFICE USE ONLY

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|---|---|-------|--------------------|
| <input type="checkbox"/> New Student | <input type="checkbox"/> Continuing Student | Major | Cumulative Credits |
| Comments | | | |
| Application/change form submitted: <input type="checkbox"/> Paper <input type="checkbox"/> VONAPP | | | |
| Documentation received: <input type="checkbox"/> DD Form 214 <input type="checkbox"/> Kicker Agreement <input type="checkbox"/> Military Orders <input type="checkbox"/> NOBE | | | |
| Staff Initials | Date Certified | | |