PHOENIX COLLEGE

Admissions and Records
1202 W. Thomas Road
Phoenix, Arizona 85013
Office: 602.285.7777
Fax: 602.285.7813

Veterans' Services Request for Benefits

This form must be completed for each semester or summer session enrolled to receive Veterans' Educational Benefits.

Students may be eligible to receive educational benefits if they are registered in courses that apply to the student's approved program. Application forms, counseling, advisement and tutoring are available for students who are eligible for veteran's educational benefits. Students applying for veteran's educational benefits should allow eight to ten weeks before receiving benefits. The amount of benefits awarded is determined by the Department of Veterans Affairs, and is based on the number of credit hours or clock hours for which a student is enrolled and the length of the enrollment period for each course.

Legal Name (LAST, FIRST, MIDDLE)	**SEMESTER OF ENROLLMENT 20_____** ☐ FALL ☐ SUMMER I ☐ SPRING ☐ SUMMER II
Student ID or SS#:	
Address:	State and Zip Code:
Telephone:	VA File #:

Have you received benefits before? ☐ No ☐ Yes, Indicate when last received _____

Check the box next to the benefit you wish to apply:

☐ Chapter 30/34 ☐ Chapter 31 (VOC REHAB) ☐ Chapter 32 (VEAP) ☐ Chapter 35

☐ Chapter 1606 ☐ Chapter 1607 (REAP) ☐ Other (please specify) _____

Phoenix College is my Parent College: ☐ Yes ☐ No If NO, List Parent College: _____

Indicate your Program of Study:

— Associate in Arts (AA)
— Associate in Science (AS)
— Associate in Arts, Elementary Ed. (AA-EE) — Secondary Education (AA-SR), Specify Area: _____
— Associate in Business, General Requirements (ABUS-GR)
— Associate in Business, Special Requirements (ABUS-SR)
— Associate in General Business (AGS)
— Associate in Applied Science (AAS) Specify Area: _____
— Other: _____

List ALL colleges/universities previously attended. The VA requires that all official transcripts be sent directly to Phoenix College for evaluation.

_____ _____

_____ _____

I certify that all colleges/universities previously attended have been listed and will request official transcripts be sent to Phoenix College. I understand that failure to provide these transcripts may result in not being paid, overpayments and/or interrupt my VA educational benefits. I also authorize Phoenix College to release, to the Veterans Administration, information pertinent to my enrollment.

_____ _____

Student Signature **Date**

(This section is to be completed by Phoenix College Veterans' Services Office)

_____ _____

Certifying Official **Date**

Revised 09.22.2008