Request for GI Bill® Benefits Form
(To be submitted every semester)
MassBay Office of Veterans’ Affairs

Name: _____________________________________________    MassBay Student ID#: ___________________________

DO NOT SUBMIT THIS UNTIL YOU REGISTER FOR CLASSES & HAVE ENTIRELY COMPLETED THIS FORM

Are you currently on ‘active duty’?  □ Yes  □ No
Did you apply for/receive Federal Financial Aid?  □ Submitted FAFSA  □ Granted Financial Aid
Are you currently Mass. National Guard?  □ Yes  □ No

If Yes – attach your Certificate of Eligibility for correct # of credits

What VA education benefits are you applying for: (choose only one)

☐ Chapter 33 (Post-9/11 VETERAN)  ☐ Chapter 1606 (Sel. Guard/Reserve)  ☐ Chapter 30 (Veteran)
☐ Chapter 33 Transfer of Entitlement (Post-9/11 Dependent)  ☐ Chapter 1607 (REAP)  ☐ Chapter 35 (Dependent)
☐ Chapter 31 (Voc. Rehab.)  ☐ MA Veterans’ Tuition Waiver only

• If Post 9/11 GI Bill – attach your most current letter of eligibility or eBenefits printout to this form.
• If Voc. Rehab. – attach VA Form 28-1905 to this form.

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THIS IS IMPORTANT INFORMATION REGARDING YOUR VA EDUCATION BENEFITS

Do all of your classes begin and end on the same dates? If NOT, you may receive less BAH or less monthly pay, as you may not be full-time through the whole semester. For example, are you taking a 3 weekend class?

**PLEASE BE ADVISED:** Since we have sessions and courses that begin and end on different dates, you should be alert to the fact that the beginning and ending dates of each individual course will affect the amount of money the VA will send you for the month. The Department of Veterans Affairs will treat each course you are enrolled in as a separate unit with its own beginning and ending date. We will report these dates to the VA so that they can determine your monthly payment according to their regulations. When a course ends, it is no longer counted by the VA as part of your enrollment, regardless of which semester it is assigned to. This is independent of MassBay Community College policy.

Changes in course enrollment after the last day to drop and add courses may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of the term.

You will only be paid for those courses that meet degree requirements in the educational program on file with the MassBay Office of Veterans Affairs.

*Chapter 30, 1606, 1607 must verify continued enrollment at the end of each month of the semester by web or toll-free number to receive payment of educational benefits. Visit http://www.gibill.va.gov/wave or call 1-800-823-2378.*

___ **EACH TERM** I must report my registration and any changes (i.e. drop/add) in my enrollment to the Initial Veterans Coordinator in order to receive my benefits.

___ I understand that I must pay MassBay out-of-pocket for any classes that I abandon/stop attending, Initial or for which the VA does not pay.

___ I must be enrolled in an approved program of study that leads to a standard degree and have all prior Initial (official) transcripts on file at MassBay by the end of my **FIRST** term of enrollment. I understand that I will not be paid by the VA for classes previously passed at MassBay or other institutions.

___ I understand that the classes I am taking are required by my degree program and that I will have to Initial pay out-of-pocket for any classes I take that do not apply to my major.

___ I understand that I must make satisfactory progress toward graduation. Initial

___ I understand that counselor advisement/error is not an acceptable reason for taking classes not initial applicable to my program.

Check the box that describes you best:

- [ ] I have never used or applied for VA Education Benefits
- [ ] I have never used VA Education Benefits, but I have completed an application for VA Education Benefits
- [ ] I have used VA Education Benefits while attending MassBay.
- [ ] I am transferring to MassBay this semester, and I have completed and submitted a 22-1995 (Ch. 30, 33, 1606, 1607), 22-5495 (Ch. 35 only), aka a Change of Place of Training form (please provide a submitted and signed copy)

By signing below, I affirm that I have read, understand, and will abide by the information on this form.

__________ Signature ______________ Date

MassBay Community College / Veterans’ Affairs / Wellesley Hills Campus / Room 130

Date Received: ____________________________ SCO Signature: ______________________