**DECLARATION OF MILITARY SERVICES BENEFITS**

Stanly Community College

141 College Drive

Albemarle, NC 28001

Phone: (704) 991-0302 Fax: (704) 991-0160

Email: [financialaid@stanly.edu](mailto:financialaid@stanly.edu)

To avoid delays in establishing a VA file at Stanly Community College a **Declaration of Military Services Benefits** form should be submitted to the School Certifying Official at Stanly Community College located in the Financial Aid Office, room 108 of the Patterson Building at the Albemarle campus.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.I. Educational Benefit Program to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If program to be used is Post 9/11 – is it 100%? \_\_\_\_ Yes \_\_\_\_\_ No - what percentage? \_\_\_\_\_\_\_\_\_\_

When do you want to start taking classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stanly Community College Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used VA Benefits before attending Stanly Community College? \_\_\_\_\_ No \_\_\_\_\_\_\_Yes – complete the form 22-1995 or 22-5495 (for dependents)

Are you active duty? \_\_\_\_ Yes \_\_\_\_ No

If you are receiving Survivor/Dependent’s or Transfer of Entitlement benefits, the following is required in order to receive benefits:

SS# Ch. 35: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ch. 35: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# of Parent/Spouse for Survivors’/Dependents’ Full Name of Parent/Spouse

Educational Assistance

I declare my intention to attend Stanly Community College and understand that benefit eligibility is determined by the US Dept. of Veterans Affairs. I realize it is my responsibility to report to the SCC Certifying Official any change in my class schedule and failure to do so may result in an overpayment. I am in an approved program of study and will enroll in only those courses that meet the program’s requirements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_