

## 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

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

SS# Ch. 33 \_\_\_\_\_  
SS# of Parent/Spouse for Chapter 33 Post 9-11  
Assignees

VA# or SS# Ch. 35: \_\_\_\_\_  
# of Parent/Spouse for Survivors'/Dependents'  
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: \_\_\_\_\_