



Office of Veteran Services Information Sheet

Jackson, Lexington, Savannah & Trenton: Paul Morgan, School Certifying Official (SCO)

Name _____

Address _____

City/State _____ Zip Code _____

Cell Phone: _____ Home Phone: _____

Email: _____

Student ID (J#): _____ and SSN _____

For Chapter 35, Sponsor's name: _____

VA/Department of Defense Education Benefit (Please check one):

Post 9/11 Veterans Educational Assistance Program (Chapter 33) _____%

Post 9/11 Transferred Entitlement to Dependents (Chapter 33) _____%

Montgomery GI Bill-Active Duty Educational Assistance Program (Chapter 30)

Montgomery GI Bill-Selected Reserve Educational Assistance Program (Chapter 1606)

Dependents/Survivor Educational Assistance (Chapter 35)

Veterans Readiness & Employment (Chapter 31)

VR&E Counselor name: _____

VR&E Counselor email: _____

Tuition Assistance

TN STRONG

Starting Semester (circle one): Fall Spring Summer

USA, USMC, USN veterans only: I give JSCC permission to obtain my official JST. _____ (initials)

USAF veterans must request that the CCAF send their transcripts to JSCC.

Declared Major: _____

List all prior colleges and/or universities you have attended:

By signing below, I certify that I plan to attend JSCC and that I will enroll in classes for my declared program. I understand that the SCO will certify my classes only after I have turned in all required paperwork. I understand that the SCO will only certify courses required for a degree plan approved for VA educational benefits and that online learning support classes cannot be certified. I understand that taking only online courses will reduce my MHA (CH31/33 only). I understand that I must report any changes to my class schedule to the SCO and notify the SCO each semester that I plan to use my benefits. Failure to do so can result in delay in benefit payments. I understand that if I withdraw from or stop attending a course, I will incur a debt to the VA and/or JSCC. I understand that the SCO will place a hold on my registration after my enrollment is certified. I understand that I am ultimately responsible for the payment of my tuition and fees. Prior to the start of a semester, I must ensure that my tuition and fees are paid, that I have sufficient financial aid or CH31/33/DoD benefits to cover the costs, or that I have submitted a deferment form to the SCO.

Beneficiary's signature

Date _____