

Southeast Arkansas College
VETERAN CERTIFICATION REQUEST

IN ORDER TO BE CERTIFIED, ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

Veteran Students will not receive VA Education Benefits UNLESS they are certified each semester. This certification request is the responsibility of the student and needs to be submitted each semester.

SEARK ID# _____ Last 4 of SSN: _____ ___Fall ___Spring ___Summer

NAME: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

SEARK's official method of correspondence, including billings, is via the SEARK-assigned email address.

Degree Plan: _____

Will you be attending a school other than SEARK for the semester being certified?
__YES __NO

Which chapter do you qualify for?

___ Chapter 30 (Montgomery GI Bill)

___ Chapter 1606 (Selected Reserve/National Guard)

___ Chapter 1607 (Reserve Ed. Assistance Program)

___ Chapter 31 (Vocational Rehabilitation and Employment)

___ Chapter 33 (Post 9/11 GI Bill) ____%

___ Chapter 35 (Dependent/Survivor. Education Assistance)

VA File # _____ (Only for first time Dependent/Survivor Students)

***Students using Chapter 30, 1606 & 1607 must verify enrollment each month at 1-877-823-2378 or www.gibill.va.gov/wave**

❖ Signature: _____ Date: _____

ENROLLED HOURS = CLASSROOM _____ ONLINE _____ TOTAL TUITION & FEES _____