



VETERANS EDUCATIONAL BENEFITS REQUEST FORM

All students using veterans benefits at GCCC must complete, read and sign this request form before enrollment will be certified and benefits request can be processed by Veterans Affairs.

First Name: _____ Last Name: _____

Term: Fall ___ Spring ___ Summer ___ Planned enrollment: Full Time ___ Part Time ___

Year: _____ Branch of Service: _____

Chapter _____ File Number (Chapter 35 only) _____

VA File Number _____ GCCC ID Number _____

Address _____ City _____ St _____ Zip _____

Phone _____ Email _____

Major _____

Date of Birth _____

Will you receive Tuition Assistance, Grants or Scholarships through GCCC or a third party?

If yes, please list: _____

Last school attended using VA benefits _____

**Note: A 'Change of Place of Training' form must be filed with the VA.*

Have you received a degree from Garden City Community College? Yes No

Do you have college credits from any school other than Garden City Community College? Yes No

School Name _____ City, St _____

Degree/hours earned _____

School Name _____ City, St _____

Degree/hours earned _____

School Name _____ City, St _____

Degree/hours earned _____

Please submit all official college transcripts to:

Garden City Community College
Admissions Office
801 Campus Dr
Garden City, KS 67846

*A debt may be posted to your account if you decide to withdraw on or before the first day of a course and funds have already been received from the VA.

*A new VA Educational Benefits Request Form is required for each semester you want to use your VA benefits. An updated request is necessary if you add courses to your schedule.

_____ I request GCCC to certify my enrollment and submit my request for benefits to the Veterans Affairs Office.

_____ I do not wish for GCCC to certify my enrollment and submit to the Veterans Affairs Office.

All the information on this form is true and complete to the best of my knowledge.

Signature

Date