



ANTELOPE
VALLEY
COLLEGE

New Student

Returning Student

Veterans Resource Center
Student Services, Room 126
3041 W. Avenue K
Lancaster, CA 93536
Phone: (661) 722-6342
Fax: (661) 722-6544
Email: veterans@avc.edu

Request for Veterans Education Benefits

Complete this form for **EVERY TERM** in which you want to receive benefits and submit it to the Antelope Valley College Veterans Resource Center **after** enrolling in classes.

Write the total number of units in which you are enrolled for the semester/term:

Fall _____ Intersession _____ Spring _____ Summer _____

AVC Student ID #: 900-_____ Major _____

First Name: _____ Middle: _____ Last Name: _____

Contact number: _____ AVC Email: _____

Mailing Address _____

For new students only:

Social Security Number: _____

Sponsor Social Security Number (Ch. 35 only): _____

Benefit Requested (check one):

- Chapter 30 – Montgomery GI Bill Active Duty (MGIB-AD)
- Chapter 31 – Vocational Rehabilitation & Employment (VR&E)
- Chapter 33 – Post 9/11 GI Bill
- Chapter 35 – Survivors & Dependents Educational Assistance Program (DEA)
- Chapter 1606 – Montgomery GI Bill Selected Reserve (MGIB-SR)
- Chapter 1607 – Reserve Educational Assistance Program (REAP)

- I have previously received VA education benefits. Please list the last institution attended (if different from AVC):

I understand that:

- (1) if I am registered solely in hybrid or online courses my benefits may be affected, and I will verify this with the U.S. Department of Veterans Affairs;
- (2) it is my responsibility to submit documentation for benefits to the AVC Veterans Resource Center;
- (3) the VA will only pay for courses required for my degree;
- (4) it is my responsibility to complete and submit this form **after** enrolling in classes for every term in which I wish to receive benefits;
- (5) if I change my schedule (add/drop), I must notify the AVC Veterans Resource Center within 48 hours; and
- (6) I will be financially liable for payment of fees not covered by the VA.

I understand and agree to the above conditions, and that the information provided herein is true and correct.

Signature: _____ Date: _____