

Questions about how to complete this form?
 Call 217.786.2216 or 800.727.4161, ext. 62216
www.llcc.edu/financial-aid

Return completed form to:
 LLCC Financial Aid Office
 5250 Shepherd Road
 Springfield, IL 62794-9256
veterans.affairs@llcc.edu
 217.786.2229 fax

VA STATE BENEFIT ONLY FORM

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)		SSN OR STUDENT ID
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)		
EMAIL ADDRESS		SEMESTER/YEAR

State Benefit

Select a benefit you would like to use this semester:

- Illinois Veterans Grant
- MIA/POW Scholarship*
- Illinois National Guard Grant*

**Illinois National Guard Grant and MIA/POW Scholarship only cover tuition and the activity fee. Students will be responsible for all other fees.*

Are you CURRENTLY in default on any student loans?

- Yes
- No

Certification

I certify this information is true and will verify the accuracy of this information if needed. **I understand that if I purposely give false or misleading information, I risk losing the ability to receive financial aid at LLCC.**

STUDENT SIGNATURE (REQUIRED)	DATE
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THIS FORM IS REQUIRED EACH SEMESTER YOU ATTEND.