

**2024-2025  
VETERANS EDUCATIONAL BENEFITS  
ENROLLMENT FORM**

This form is required each semester you attend.

**Student Information**

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)		SSN OR STUDENT ID
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)		
EMAIL ADDRESS		
VA APPROVED PROGRAM OF STUDY		

Questions about how to complete this form?  
Call 217-786-2237 or 800-727-4161.  
Text 217-920-1096.  
[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:  
LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62703  
[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*  
217-786-2229 fax

**Semester Attending (Please only select one per form.)**

Summer 2024                     
  Fall 2024                     
  Spring 2025

**Benefits**

<b>Are you CURRENTLY in default on any student loans?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>I confirm the Illinois address listed above is correct.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Initial the federal benefit which you are using (ask if unsure):**

Montgomery (Ch. 30) - Active Montgomery (Ch. 1606) - Guard/Reserve Survivor/Dependent (Ch. 35)	Post 9/11 (Ch. 33) Post 9/11 Transfer of Entitlement (Ch. 33) Vocational Rehab (Ch. 31)
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**How will you be paying for this semester's tuition?**

Illinois Veterans Grant MIA/POW Grant Payment through registration Payment through TouchNet	Payment through financial aid Illinois National Guard Grant Chapter 33
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**If you selected Chapter 33-Post 9/11, answer the following questions:**

How many months of eligibility are remaining? \_\_\_\_\_

Percentage of benefit entitlements: \_\_\_\_\_

**Have you changed your approved program of study?**

Yes       No

If YES, what is your new program of study? \_\_\_\_\_

## Schedule appointment with a student success coach (217-786-2224)

Bring this form to the appointment. The student success coach will provide comments in this section, including course schedule and if any courses are not part of the student's program:

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Repeat class(es) (if any): \_\_\_\_\_

### Veteran Statement

#### By submitting this form:

1. I certify that all of the courses for which I register each term will be required to complete my degree/certificate requirements in my designated program of study (i.e., the program reported to the U.S. Dept. of Veterans Affairs).
2. I understand that I must submit academic transcripts for each college, university and/or trade school I have previously attended and that my service record must be evaluated for possible credits. Transcripts must be submitted to the Lincoln Land Community College Records office prior to second semester of enrollment.
3. I understand that coursework not approved for VA benefits and/or required in my program of study cannot be included in training time.
4. I understand that the VA does not pay for any developmental online courses.
5. I agree to notify the LLCC Veterans Affairs office if I add, drop or withdraw from any class(es).
6. I agree to notify the LLCC Records and LLCC Veterans Affairs of any change to my program of study (academic concentration).
7. I understand that I must meet the academic standards of the college and for VA as indicated in the LLCC catalog.
8. I understand that if I default on my student loans at any time I will no longer be eligible to use any State of Illinois Veterans benefits.
9. I understand that any later starting classes will be billed after that course drop date (i.e., Mod. 1, Mod. 2).
10. As a veteran, I understand I may be eligible to apply for the LLCC Brian McMillen Veterans Scholarship.
11. I understand all of the student success coach's comments, if any, and agree to the schedule as indicated.

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 VETERAN SIGNATURE (**REQUIRED – During meeting with student success coach**)

DATE

STUDENT USING TRANSFER BENEFITS SIGNATURE (**REQUIRED – During meeting with student success coach**)

DATE

STUDENT SUCCESS COACH SIGNATURE (**REQUIRED – During meeting with student**)

DATE

**After form has been signed by the student and student success coach, return to financial aid office.**