



2026-2027

## VETERANS EDUCATIONAL BENEFITS ENROLLMENT FORM

This form is required each semester you attend.

### Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

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 217-786-2237.

[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 2026

Fall 2026

Spring 2027

### Benefits

Are you CURRENTLY in default on any student loans?

Yes

No

I confirm the Illinois address listed above is correct.

Yes

No

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)

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

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 advisor (217-786-2224)

Bring this form to the appointment. The student success advisor 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 advisor'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 ( <b>REQUIRED – During meeting with student success advisor</b> )	DATE
STUDENT USING TRANSFER BENEFITS SIGNATURE ( <b>REQUIRED – During meeting with student success advisor</b> )	DATE
STUDENT SUCCESS ADVISOR SIGNATURE ( <b>REQUIRED – During meeting with student</b> )	DATE

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