

Instructions: fill out form, choose 'print' icon then 'save as pdf' and email form from your device to [financialaid@rpcc.edu](mailto:financialaid@rpcc.edu)



Office of Financial Aid & Scholarships  
Gonzales-Westside-Reserve Campuses  
[Financialaid@rpcc.edu](mailto:Financialaid@rpcc.edu)

## Veterans Affairs Enrollment Verification Form

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Enrollment Certification (All classes MUST be in your program of study) – Attach Schedule and Degree Audit/Curriculum Sheet.

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
\_\_\_\_\_ Enrolled Hours \_\_\_\_\_ Enrolled Hours \_\_\_\_\_ Enrolled Hours

Indicate the VA Educational Program you will receive benefits under. Please check

- \_\_\_\_\_ Chapter 30 (Montgomery GI Bill-Active Duty)  
\_\_\_\_\_ Chapter 1606 (Montgomery GI Bill – Selected Reserve)  
\_\_\_\_\_ Chapter 33 (Post-9/11 GI Bill) What is your percentage of eligibility? \_\_\_\_\_ %  
\_\_\_\_\_ Check if benefits were transferred from a parent or spouse  
\_\_\_\_\_ Chapter 31 (Voc. Rehab) Case Manager: \_\_\_\_\_  
\_\_\_\_\_ Chapter 1607 (REAP)  
\_\_\_\_\_ Chapter 35 (Dependent) VA File Number: \_\_\_\_\_  
\_\_\_\_\_ Check if you are receiving Title 29  
\_\_\_\_\_ Louisiana National Guard Service Member

### Student Status

First-Time Freshman  Transfer Student  Continuing Student  Readmit Student

### Check the box that describes you best

- \_\_\_\_\_ I have never used VA benefits, but I have completed an application for VA Educational Benefits (MUST provide letter of eligibility).  
\_\_\_\_\_ I have used VA Educational Benefits while attending RPCC.  
\_\_\_\_\_ I am transferring to RPCC this semester and I have completed a Change of Place Training form (MUST provide a copy).

### Please initial after reading each statement

- \_\_\_\_\_ I understand that I MUST Maintain Satisfactory Academic Progress toward my educational degree.  
\_\_\_\_\_ I understand that I MUST Notify the RPCC Financial Aid Office of any class changes or Withdrawals. Failure to do so may result in termination of benefits and possibly having to repay initial VA Educational monthly awards.  
\_\_\_\_\_ I understand that I MUST be enrolled in an approved program of study that leads to a degree or certificate and have all prior transcripts on file with River Parishes Community College.  
\_\_\_\_\_ I understand that I will not be paid for courses previously passed at RPCC or other institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date