University of Illinois Springfield – Office of Financial Assistance
One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 -- Fax: (217) 206- 7376
https://www.uis.edu/financialaid/

UIS Request for VA Education Benefits Form

_____

Last Name First Name SSN Email

_____

Current Address (Street, City, State, Zip Code) Phone

Specify term you are requesting to use VA Benefits: Fall ☐ Term 20____
Is the above term your first term of enrollment at UIS? Yes ☐ No ☐
If Yes, did you receive V.A. Education Benefits at a previous school? Yes ☐ No ☐
If yes, have you completed a change of program form with the VA? Yes ☐ No ☐

Program of study (major) approved by the VA? _____
Have you recently changed your program of study (major)? Yes ☐ No ☐
If yes, have you completed a change of program form with the VA? Yes ☐ No ☐

Do you plan on graduating at the end of this semester? Yes ☐ No ☐

Are you currently serving on active duty? Yes ☐ No ☐

Is your current state of legal residence Illinois? Yes ☐ No ☐ Current state of legal residence _____

Which federal benefit are you using for this semester? (ask if unsure):

☐ Chapter 30 (Montgomery GI Bill)
☐ Chapter 31 (Vocational Rehab)
☐ Chapter 33 (Post 9/11 GI Bill)
☐ Chapter 1606 (Reserves/Guard)
☐ Chapter 35 (Survivor/Dependent)

Was the Post 9/11 benefit transferred to you? Yes ☐ No (I am the Veteran/Service Member) ☐

How will you be paying for tuition this semester? (Check all that apply):

☐ Illinois National Guard Grant (ING)
☐ Illinois Veterans Grant (IVG)
☐ MIA/POW (**MUST PROVIDE POSTCARD EVERY SEMESTER)**
☐ Children of Veterans Tuition Waiver (COV)
☐ Chapter 33 (Post 9/11 GI Bill)
How many months of eligibility are remaining? _____
Percentage of benefit entitlements: _____
☐ Federal Tuition Assistance (Branch: _____)
☐ Financial Aid (Pell Grant, MAP Grant, Loans)

For Official Use Only

ID_____

Points Used _____

ENTER YOUR 9-DIGIT **UIN** .

2021 VTFA20 N

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By signing this request form I understand and agree to the following:

- I am responsible for tracking my own benefit(s) through the VA and or ISAC.

- I am responsible for paying any tuition and fees that are not covered by my federal benefit and/or state benefit(s).

- I am responsible for checking my UIS student account regularly. If I notice that my benefit(s) has not been applied, I will contact the office of financial assistance before the end of the semester.

- If using a federal benefit. I understand that I must verify my enrollment at the end of each month with the VA.
  - Use the WAVES System to verify attendance online (https://www.gibill.va.gov/wave/index.do)
  - Or call the VA Education Center Student Line 1-888-442-4551

- I will report all changes made to my enrollment to the office of financial assistance within in 3 days.

- If using a state benefit. I understand that UIS bills ISAC for each veteran according to eligibility information furnished by the commission. When ISAC rejects claims (usually after the semester is over), the veteran becomes responsible for that portion of tuition and fees not paid by the commission.

  - The Illinois Veterans Grant only covers mandatory fees. Student's will be responsible to all non-mandatory fees that are charged to their student account. Please note that fees for online courses are not considered mandatory fees and will not be covered by IVG benefits.
  - The Illinois National Guard Grant only covers tuition and the associate service fee. Student's will be responsible for all fees charged to their student account.

- To be eligible for continued use of your benefits students must meet all of the requirements in the UIS satisfactory academic progress (SAP) policy. All semesters of attendance are counted, regardless if you had or used your benefits or not. If in the event I am placed on academic cancellation, I understand that state and or federal VA benefits will be suspended until I am able to re-instate my eligibility per the guidelines in the UIS SAP policy.
A copy of the UIS SAP policy can be found at; https://www.uis.edu/financialaid/wp-content/uploads/sites/133/2014/06/SatisfactoryAcademicProgressPolicy.pdf

I have read this application and understand my responsibilities. I certify, under the penalties of perjury as provided by law, that all information on this application is true and correct.

_____

Signature Date

ENTER YOUR 9-DIGIT **UIN** .

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