

EGSC VA Enrollment Certification Pre-Screening Form

Phone: 478-289-2112 Fax: 478-289-2353 Website: http://www.ega.edu/veterans_and_military_personnel

Academic Year:					
Student Name:]	ID#:		
Mailing Address:					
City:		State):	Zip code:	
Email Address:					
Home Phone:		Work Phone:			
Cell Phone:		DOB:			
Active Duty: Yes □	No 🗌				
Circle your chapter if know	n:				
Ch. 31 (Vocational Rehabilitation)		Ch. 1607 (REAP) Ch. 1606 (Active Reserve)		ctive Reserve)	
Ch. 30 Montgomery GI Bill – Active Duty		Ch. 35 (De	pendent)	Ch. 33 (Post	t 9/11 GI bill)
If Ch. 33 (Post 9/11 GI bi ******		•		•	•
Location of classes		Term of Attendance			
□ Sw	ainsboro		Spring		
□ Sta	tesboro		Summer		
□ Au	gusta		Fall		

• I understand that I must submit a VA Application to use education benefits through the Veterans On-Line application (VONAPP) website, http: https://vabenefits.vba.va.gov/vonapp/main.asp, each time I change schools or degree programs. I also understand that I need to submit all documents that support my claim to the Atlanta Regional VA office. If I am approved for benefits, the VA will send a Certificate of Eligibility detailing my entitlement.



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I submitted my VA Application for benefits: __by mail to ATL RPO ___online via VONAPP

- I understand that veterans seeking to use their VA Educational Benefits must provide a copy of their DD-214 or NOBE, and a copy of their Certificate of Eligibility to the VA Certifying Official before enrollment can be certified.
- I understand the enrollment certification will be completed by the VA Certifying Official each semester the veteran (and/or dependent) is enrolled within 14 days after the last day of the Schedule Adjustment period.
- I understand that I must contact the Department of Veteran Affairs Atlanta Reginal Processing Office at 1-888-442-4551 for additional questions I may have regarding my benefits. Chapter 31 students should contact their Vocational Rehabilitation Counselor.
- I understand that I must notify the VA Certifying Official of any changes in my academic program. My enrollment status will not increase without my request; however, it will be decreased if enrollment changes.
- I understand that the VA will only pay benefits for classes required for graduation of classes required to complete an approved VA certificate program. I understand that it is my responsibility to work with my Academic Advisor to ensure courses are required in my degree program. I understand that I should notify the VA Certifying Official if I decide to change my major.
- I understand that any paperwork I submit may take up to two weeks to be processed by the VA Certifying Official and up to 120 days with the Department of Veterans Affairs in Atlanta, GA.
- I understand that if I am receiving benefits under Chapter 30, 1606, or 1607, I must submit monthly attendance verification by telephone at 1-877-823-2378 or an W.A.V.E., https://gibill.va.gov/wave/index.do, to the Atlanta Regional Office.
- I understand that veterans and other eligible persons entitled to VA Educational Benefits may be certified for a total of 36 equivalent credit hours in Learning Support (only 12 hours may be attempted in each of the basic skills).

I have read the pre-screening form and underst	tand my responsibility to notify the VA
Certifying Official of any changes in this reques	t. (Ex. Adding or dropping courses)
Signature:	
Certification submitted on VA Once by:	Date: