



Office of Veteran Services Information Sheet

Jackson, Lexington, Savannah & Paris: Linda Nickell, School Certifying Official (SCO)

Name _____

Address _____

City/State _____ Zip Code _____

Cell Phone: _____ Home Phone: _____

Email: _____

Student ID (j-number): _____ SSN _____

and

If using Chapter 35, include Vet's SSN: _____

Veteran Education Benefit (Please check one)

Post 9/11 Veterans Educational Assistance Program (Chapter 33) _____%

Post 9/11 Transferred Entitlement to Dependents (Chapter 33) _____%

Montgomery GI Bill-Active Duty Educational Assistance Program (Chapter 30)

Montgomery GI Bill-Selected Reserve Educational Assistance Program (Chapter 1606)

Dependents/Survivor Educational Assistance (Chapter 35)

Vocational Rehabilitation (Chapter 31)

Tuition Assistance

Starting Semester (circle one): Fall Spring Summer

For Veterans Only: I give the JSCC SCO permission to obtain my official JST. _____ (initials)

Declared Major: _____

List all prior colleges and/or universities you have attended:

By signing below, I certify that I plan to attend Jackson State Community College and that I will enroll in classes that pertain to the JSCC Degree Plan filed with my SCO. I understand that my SCO will certify my classes only after I have turned in all required paperwork and only for courses on the Degree Plan approved for Veteran Educational Benefits. I understand I must provide official copies of all prior college transcripts and military transcripts before coursework can be approved for certification. Failure to do so can result in delay in benefits payments. I also understand that I must report any changes to my class schedule to my SCO.

VETERAN OR DEPENDENT SIGNATURE

DATE