



Benefits Pay Request Form

To Be Completed Each Semester

Name: _____ Soc Sec #: _____ Date of Birth: _____

Address: _____ Home/Cell Phone: _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Is this a change of address? Yes No VA File #: _____ *Dependents Only*

I am requesting VA Benefits under the following Chapter...

- CH 30 , Montgomery GI Bill
- CH 33, Post 9/11 GI Bill
- CH 31, Vocational Rehabilitation
- CH 35, Dependent/Survivors
- CH 1606, Guard/Reserve
- CH 1607, Guard/Reserve

Degree Objective...

- AA, Associate of Arts
- AAS, Associate in Applied Sciences
- AGS, Associate in General Studies
- Other: _____

Major/ Academic Goal: _____

Do ALL your classes pertain to your program of study? Yes No → See below**

**The VA will deny payment for ANY class that is not part of your program of study. If you are not sure please speak with a Rio Salado academic advisor in person or by phone at (480) 517-8590.

Which semester are you requesting your benefits for?

Fall Spring Summer I Summer II

List all the courses you will be requesting benefits for this semester...

Course	Section	Title	Credits

Deferment of Fees...

I understand that in order to have my tuition and fees at RSC deferred, I am required to sign a VA Short Term Loan (STL) Agreement. Additionally, I understand that VA benefits are to be used to pay my fees at RSC; and by requesting a deferment, **payment of my fees is due no later than the date indicated on my VA (STL) agreement whether or not my veteran’s education benefits have started.** I also understand that **ALL** previous tuition & book deferments must be paid in full before new deferments will be issued.

Academic History...

Student Signature

Date

- 1. Have you ever attended Rio Salado College (RSC) before? No Yes → What year? _____
- 2. Do you have a degree? No Yes → What type? _____
- 3. List ALL schools you have previously attended:**

** It is the student’s responsibility to have Official Transcripts sent from ALL former schools mailed directly to the Rio Salado Admissions & Records Office. **The Regional VA may terminate payments if transcripts are not received.**

I certify that all schools previously attended have been listed and that I will request official transcripts to be sent to the Rio Salado Admissions & Records Office immediately. I understand that failure to provide these transcripts can result in termination and/or delay in receiving my VA benefits.

Parent School...

Student Signature

Date

Is Rio Salado College your parent school? Yes No → See below**

**Name of Parent School? _____

In order to certify your enrollment, we MUST HAVE a “Parent School Letter” (Form FL 22-315) from your parent school authorizing all classes you will be enrolled in this semester.

Student Acknowledgment...

I certify that I have READ and UNDERSTAND the contents of this form. I also certify that to the best of my knowledge, all information contained on this and all other documents submitted for request of my veteran’s benefits are correct and complete. I will inform the Veterans office of any changes in my enrollment status.

Student Signature

Date