

Office of Veteran Services Information Sheet

Jackson, Lexington, Savannah & Trenton: Paul Morgan, School Certifying Official (SCO)

Name	
Address	
City/State	Zip Code
Cell Phone: F	Home Phone:
Email:	
Student ID (J#): and	SSN
For Chapter 35, Sponsor's name: and SSN:	
VA/Department of Defense Education Benefit	(Please check one):
Post 9/11 Veterans Educational Assistance Pr	ogram (Chapter 33)%
Post 9/11 Transferred Entitlement to Depende	nts (Chapter 33)%
Montgomery GI Bill-Active Duty Educational A	ssistance Program (Chapter 30)
Montgomery GI Bill-Selected Reserve Educati	onal Assistance Program (Chapter 1606)
Dependents/Survivor Educational Assistance	(Chapter 35)
Veterans Readiness & Employment (Chapter	31)
VR&E Counselor name:	
VR&E Counselor email:	
Tuition Assistance	
TN STRONG	

Starting Semester (circle one):	Fall	Spring	Summer	
USA, USMC, USN veterans only	: I give JSC0	C permission	to obtain my official JST	(initials)
USAF veterans must request that	at the CCAF	send their tra	anscripts to JSCC.	
Declared Major:				
List all prior colleges and/or university	ersities you h	nave attende	ed:	
By signing below, I certify that I p declared program. I understand to required paperwork. I understand plan approved for VA educational certified. I understand that taking understand that I must report any each semester that I plan to use payments. I understand that if I w VA and/or JSCC. I understand the enrollment is certified. I understand and fees. Prior to the start of a se have sufficient financial aid or Ch a deferment form to the SCO.	that the SCO of that the SCO of that the SCO of the SCO	will certify recommended will only of that online courses will my class so Failure to do nor stop attention place a fultimately reust ensure the control of the course of	ny classes only after I have turn certify courses required for a de- learning support classes cannot reduce my MHA (CH31/33 only shedule to the SCO and notify to so can result in delay in bene- ending a course, I will incur a de- nold on my registration after my esponsible for the payment of mat my tuition and fees are paid	ned in all egree not be y). I the SCO efit ebt to the / ny tuition d, that I
Beneficiary's signature				
Date				