



VETERANS EDUCATION BENEFITS PROMISSORY NOTE

Student ID: _____		Name: _____		Phone Number: _____	
Address: _____ <input type="checkbox"/> New address, please update record					
Area of Study: _____			Semester & Year (Select only one): <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall YEAR: 20____		
Education Benefit Type:	<input type="checkbox"/> Chapter 33 - Post 9/11 GI Bill®		<input type="checkbox"/> Chapter 33 - Post 9/11 GI Bill® (dependents)		
	<input type="checkbox"/> Chapter 30 - Montgomery GI Bill®		<input type="checkbox"/> Chapter 35 - Dependents/Survivors (File #: _____)		
	<input type="checkbox"/> Chapter 1606 - Selected Reserve		<input type="checkbox"/> Chapter 31 - Veteran Readiness and Employment (Counselor Notification Required)		
	<input type="checkbox"/> MyCAA		<input type="checkbox"/> Tuition Assistance (Branch) _____		
Applicant Type:		Additional Forms Required:			
<input type="checkbox"/> Continuing		<input type="checkbox"/> If same program, no additional forms required		<input type="checkbox"/> if changing programs, inform the School Certifying Official	
<input type="checkbox"/> Transfer		<input type="checkbox"/> VA 22-1995 or VA 22-5495 <u>OR</u> Certificate of Eligibility		<input type="checkbox"/> if veteran, DD 214	
<input type="checkbox"/> Visiting		<input type="checkbox"/> Parent letter from your home institution		<input type="checkbox"/> Certificate of Eligibility	
<input type="checkbox"/> New Applicant		<input type="checkbox"/> Certificate of Eligibility <u>OR</u> confirmation of application		<input type="checkbox"/> if veteran, DD 214	

Please read and initial on each line confirming that you understand and agree to the below statements:

_____, I, the undersigned, have enrolled in courses at Howard Community College [HCC]. I understand my applicable tuition and fees payment will be deferred past the college's tuition due date, and I will be expected to pay any remaining balance before registering for the next term in accordance with [policy 50.01.02](#).

_____, I acknowledge there may be circumstances under which the VA or Department of Defense [DoD] may refuse to make payment, either partially or in full, to HCC. If this occurs, I will be responsible for paying the remaining balance to HCC. If I do not make payment arrangements and have an outstanding balance at the end of the term, that balance will be sent to a collection agency with an additional fee up to 25%. I also acknowledge that I will be restricted from registering for additional classes as long as there is an outstanding balance on my account.

_____, I understand that the VA will calculate the monthly housing allowance (MHA) based on the zip code of the physical location where the majority of credits of instruction are located during the certified term. HCC will submit an enrollment verification for all courses eligible for benefit and the VA will make the determination for the appropriate MHA payments for the term.

_____, I understand that as a Chapter 30, 33 or 1606 beneficiary, I may be required by the VA to submit verification of my enrollment for each month while enrolled and receiving benefits, and failure to do so may result in interruption of my monthly stipend payments.

_____, I understand in order to receive a Financial Aid Shopping Sheet from Howard Community College, I must apply for federal financial aid via the FAFSA at fafsa.ed.gov. If I do not apply for financial aid at this time, I forego receiving a shopping sheet. I may apply for financial aid in the future and receive the shopping sheet at that time.

(Check one): ☐ I will apply for financial aid this term ☐ I will not apply for financial aid this term

_____, I understand that I am financially responsible for courses that are not required in my program of study, for courses that I audit, or for repeating courses where I've previously earned a passing grade. An education plan listing all requirements of my academic program and departmental resources is available to me upon request.

_____, I give permission for HCC to release the following information upon request to the DoD, VA, or an agency acting on their behalf before, during, and after my enrollment this term: my TA transactions, financial aid and other funding amounts, final grades, earned and unearned degrees and certificates, education plan and course enrollment.

_____, I understand all notifications are sent to my HCC email account, and that I am responsible for regularly checking this email account.

_____, I understand that the VA requires that I have all official post-secondary transcripts and military transcripts evaluated by the Office of Admissions & Advising in order to have prior credit granted as appropriate depending upon my area of study.

_____, I understand if I receive a grade of W, FW, NA or F, the certifying official must report my last day of attendance to the VA, which may result in a debt owed to HCC for tuition and fees, as well as to the VA for any book stipend and housing allowance received. I must attend my courses through the final meeting date regardless of my academic performance in those courses. If I am unable to continue my enrollment in a term due to unforeseen circumstances, I am required to provide relevant documentation to a certifying official as soon as possible and no later than the seventh week of the next term; see certifying official for process relating to deployment.

Student Signature: _____

Date: _____