VETERANS EDUCATIONAL BENEFITS REQUEST FORM

All students using veterans benefits at GCCC must complete, read, and sign this request form before enrollment will be certified, and benefits request can be processed by Veterans Affairs.

First Name: _____ Last Name:_____

YEAR: _____ TERM: Fall____ Spring ____ Summer ____ Planned Enrollment: Full Time_____ Part Time_____

Branch of Service: _____ Active_____ Veteran_____

VA File Number (Chapter 35 Only) _____ Payee # (Chapter 35 only) _____ Veteran's Name_____

GCCC ID: _____ Residence: On Campus_____ Off Campus_____

Address_____ City_____ ST_____ Zip Code_____

Phone: _____Email _____ Birthdate _____

Program of Study_____

Will you receive Tuition Assistance, Grants or Scholarships through GCCC or a third party? If yes, please list:_____

Last school attended using VA benefits_____

Have you received a degree from Garden City Community College? Yes ___ No ___
Do you have college credits from any school other than Garden City Community College? Yes ___ No ___

School Name: _____ City, ST_____
Degree/Hours earned_____

School Name_____ City, ST_____
Degree/Hours earned_____

Please submit all official college transcripts to:
Garden City Community College
Admissions Office
801 Campus Drive
Garden City, KS 67846

*A debt may be posted to your account if you decide to withdraw on or before the first day of a course and funds have already been received from the VA.
*A new VA Educational Benefits Request Form is required for each semester you want to use your VA benefits.

_____I request GCCC to certify my enrollment and submit my request for benefits to the Veteran Affairs Office.
_____I do not wish for GCCC to certify my enrollment and submit to the Veteran Affairs Office.

All the information on this form is true and complete to the best of my knowledge.

_____ _____
Signature Date

Revised: 1/23/25