





## CHAPTER 33 G.I. BILL PAYMENT AGREEMENTS

Name:		Student ID or SSN:			
Address:		City:	State:	Zip:	
Home Phone:	Cell Phone	<b>:</b>	1 <sup>st</sup> Semester: _		
VA educational	_I understand that I am responsible disbursement by the SLCC paymer ect the correct beginning date for ber	nt deadline. In the even	t I find I am not eligible f	or Chapter 33 benefits	
fees) or make	_If I am <u>not</u> awarded 100% benefits, payment arrangements by the payon future registration. I understand leads.	ment deadline per te	rm dates. Failure to do	so will result in a late	
	_Housing Allowance: I understand I . Required minimum of 7 cr hour =		•	•	
requirements <u>in</u>	_Tuition and Fees: Chapter 33 will point my educational program on file with YA. I <b>understand I <u>MUST</u></b> submit to V	SLCC. The percentag	e will vary from 40% to	100% as listed on my	
living stipend ar	_If I withdraw from or stop attend nd book allowance for the classes do make in my schedule including the c	ropped. I must inform V	eterans Services at <u>vet</u>	erans@slcc.edu of	
	_Book Stipend: The book stipend wis based on my benefit percentage an	•	•	after I have been	
overpayment a the letter and co the VA with the sent to me from	_If there are ANY CHANGES in my and collection notice from the VA ollection notice to Veterans Services collection notice. If the debt is mine in SLCC because of changes in my sicc will be held harmless by me for	or Debt Management for review. If it is a sc , I will send the VA the chedule, <u>I understand t</u>	It is in my best interest hool debt, the school wi money with the collection hat money will be require	to immediately bring II send the money to on notice. If money is red to be paid to the	
agency. A nega payment(s), the	In the event of nonpayment of my pative report reflecting on your credit retotal amount I owe will become due the process of collection of the outs	ecord will be submitted immediately. I will be	by that collection agen	cy. If I default on the	
binding contra	ny reporting and payment respons act. I agree to pay any outstanding eterans Services upon receipt. Th	amount that may be	owed. I must submit a	a Certificate of	
Students Signa	ture		Date		
Veterans Servic	ces Employee:	Date			