Chapter 30, 33, 1606 & 1607 New Student Enrollment To Do List

HAVE YOU EVER USED YOUR BENEFITS BEFORE? Yes/No

SCC Campus To Do List:

☐ Complete Application for Admission via Online (www.solano.edu) **Required Prior to appointment with Veterans Counselor**

☐ Obtain Username, Password, & SCC email address

☐ Request Transcripts from Military and/or previous school(s) to be sent to Admissions and Records **Unofficial Transcripts REQUIRED to be brought to appt. with Veterans Counselor**

☐ New Student Orientation complete online or in person. Please print confirmation of completed orientation to submit to the Veterans Affairs Center (http://www.solano.edu/orientation/) *Exempt if previously attended college.*

☐ Take the English and Math Assessment/Complete the Online or In Person Orientation. **Required prior to appt. with Veterans Counselor. Exempt needed if English and/or Math course(s) were taken at another college**

☐ Schedule an appointment with the SCC Veteran Affairs Center to meet with a VA Counselor for an Education Plan (Required in order to receive Veterans Education Benefits & Priority Registration)

☐ Establish Priority Registration - Submit DD-214 member 4 or copy 2 or 7 Veterans Affairs Center (Military ID for Active-duty)

☐ Register for classes

☐ View/Print your Schedule

☐ Apply for Financial Aid (http://www.fafsa.ed.gov) **Recommended**

Your SCC Veterans Center To Do List (Submit after registered for courses):

☐ Certificate of Eligibility (Complete GI Bill application from VONAPP at if no Certificate of Eligibility www.gibill.va.gov.
  - VA Form 22 – 1990 - Never used benefits before
    (Print copy with confirmation for records.)
  - VA Form 22 – 1995 – Previously used benefits
    (Print copy with confirmation for records.)

☐ Chapter 1606 Only Notice of Basic Eligibility (NOBE) from your unit

☐ DD-214 (member 4 copy or copy 2 or 7) or show Military ID for Active-duty

☐ Kicker Paperwork (If applicable)

☐ Advance Payment (If applicable)

☐ Complete Transcript and Student Obligation Form

☐ Transcripts bring copies of any unofficial transcripts you have from previous colleges

☐ Complete Mandatory Veterans Online Benefit Overview Please print confirmation of completed orientation to submit to the Veterans Affairs Center. (http://www.solano.edu/veterans/index.php)

☐ Complete Enrollment Status Form

☐ Copy of Schedule and Bill (Printed from MySolano Acct. under Student Tab)

☐ Complete Evaluation of Military Credit Form (If applicable)

**Submit copy of Certificate of Eligibility when received if not available at time of New Student Packet Submission**
NAME: ______________________________________  SCC ID#: ______________ Last four of SSN: __________

TRANSCRIPT INFORMATION:
Did you attend a previous college other than Solano Community College?  YES  NO
Do you have a degree (undergraduate and or graduate)?  YES  NO

OFFICE USE ONLY

| LIST PRIOR COLLEGES FOR TRANSFER OF CREDITS | APPROXIMATE UNITS | ON FILE | DATE P/C SENT | INIT |
|--------------------------------------------|-------------------|---------|---------------|--|--|
| __________________________________________|__________________|___________|_______________|___|
| __________________________________________|__________________|___________|_______________|___|
| __________________________________________|__________________|___________|_______________|___|
| __________________________________________|__________________|___________|_______________|___|

STUDENT OBLIGATIONS:

___________ I understand that I am **required** to have an Education Plan written by a VA-approved counselor prior to being certified.

___________ I understand that I am **required** and that it is **my** responsibility to have any and all Official Transcripts sent to Solano Community College, Admissions and Records prior to my third semester of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

___________ I understand that it is **my** responsibility to complete a Status Form with the Solano Community College, Veterans Affairs Center each semester in order to continue my Education Benefits. A failure to do so will result in an **interruption in my Education Benefits**.

___________ I understand that I am **required** to inform the Solano Community College, Veterans Affairs Center of any and all changes to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.

___________ I understand that if I am receiving Chapter 30 or Chapter 1606, or Chapter 1607 Benefits, I am **required** to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or [https://www.gibill.va.gov/wave/default.cfm](https://www.gibill.va.gov/wave/default.cfm))

___________ I authorize any staff member in the Solano Community College, Veterans Affairs Center to discuss my case with any US Department of Veterans Affairs Representative.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me.

Signature____________________________________________________         Date_____________________

White Copy: VA Office       Yellow Copy: Student
**Advance Payment (Ch 30, 31, 35, 1606 & 1607 ONLY):** Do you want advance payment of benefits?  
- [ ] Yes  
- [ ] No  

(Advance Payment Requirements: There's more than 30 days between terms and break pay won't be paid, and the student is enrolled at least halftime, and the VA receives the advance payment request at least 30 days but not more than 120 days before the enrollment period.)

---

**Read and Initial:**  
- [ ] I understand that I am **required** and that it is **my** responsibility to have any and all **Official Transcripts** sent to Solano Community College, Admissions and Records **prior to my third semester** of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.  
- [ ] I understand that it is **my** responsibility to complete a Status Form with the Solano Community College, Veterans Affairs Center each semester in order to continue my Education Benefits. A failure to do so will result in an **interruption in my Education Benefits**.  
- [ ] I understand that I am **required** to inform the Solano Community College, Veterans Affairs Center of **any and all changes** to my schedule during the Semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the US Department of Veterans Affairs.  
- [ ] I understand that if I am receiving Chapter 30 or Chapter 1606, or Chapter 1607 Benefits, I am **required** to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. (Verification of Enrollment Information: 1-877-823-2378 or https://www.gibill.va.gov/wave/default.cfm)  
- [ ] I understand that if I am enrolled in a variable unit course, I will only be paid for 1 unit through the end of the term. Once the grade is posted for all completed units, I will receive back pay from the first day of the semester.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me. I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

**SIGNATURE:_________________________________________ DATE_____________________________**
Advance Payment Request Form
Veterans Affairs Center
4000 Suisun Valley Road, Building 400, Room 429
Fairfield, Ca 94535-3197
Office: (707) 864-7105 Fax: (707) 646-2092
Veterans@solano.edu

Name | SSN | Student ID
---|---|---

Address | City | State | Zip
---|---|---|---

VA File # (if dependent) | Phone | Email
---|---|---

Term to be certified:  ☐ Spring 20____  ☐ Summer 20____  ☐ Fall 20____

Benefits:  ☐ Ch 30  ☐ Ch 31  ☐ Ch 35*  ☐ Ch 1606  ☐ Ch 1607  *If dependent, are you:  Spouse  or  Child

Number of units planning to enroll in & the length of the courses: (example: List the number of unit - 16-wk 12 units)

| 4-wk | 6-wk | 8-wk | 10-wk | 16-wk | Other |
---|---|---|---|---|---

When requesting Advance Pay the student receives 6-weeks of their education benefit stipend in advance. By signing below I understand the process and that it has been explained to me by the Office of Veteran Affairs staff.

Student Signature: __________________________________________  Date: ______________

Receipt of Advance Payment Check
(Complete this portion after check is received.)

I certify that I am enrolled in ______ units and have notified the Veterans Affairs Office of any change in my enrollment status.

Student Signature: __________________________________________  Date: ______________

For VA Office use only after check is received (attach photo copy of check)

Were there changes to enrollment?  No ____  Yes ____  Explain: ____________________________________________

(If student is not enrolled DO NOT ISSUE check!)

Date check given to student: __________________

Enrollment Status Form and Schedule/Receipt Required.

Issuer Signature: _____________________________

Dates of attempts to contact student when check was received by VA Office:

__________,  __________,   __________ ,  __________,   __________ ,  __________,   __________ ,  __________

Additional Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
A. **Credit for Military Service:** Solano Community College will grant six (6) elective semester units of credit for military service if the person has (a) spent at least one year in active service, and (b) has not received a dishonorable discharge. Active duty personnel must submit a copy of DD Form 295. Veterans must submit DD Form 214 to the Office of Admissions and Records for evaluation. THESE UNITS WILL NOT SATISFY PHYSICAL EDUCATION, HEALTH EDUCATION OR SUBJECT AREA REQUIREMENTS.

The Office of Admissions and Records will evaluate all non-traditional school credit in the first semester of official enrollment. The maximum credit from all non-traditional sources combined may not exceed twenty-four (24) semester credit units.

B. **Credit for Military Service Schools:** Elective credit is limited to service schools conducted on a formal basis (i.e., approved by a central authority within each service and listed by the service in its catalog as formal resident training.) These courses are conducted for a specified period of time with a prescribed course of instruction in a structured learning situation with qualified instructors. Courses must be given on a full-time basis (a minimum of 30 contact hours academic instruction per week) for not less than two weeks duration; or, if less than two weeks in length, the course must include a minimum of sixty contact hours of academic instruction.

C. **Procedure for Evaluation:** To receive an evaluation for military service schools, ask for a Request for Military Service School Evaluation form at the Information Window, Office of Admissions and Records, Building 100, Room 153. List each school you wish to have considered on the form, and attach a copy of your military educational record. If available, attach a copy of the DD214, DD295 and the Certificate of Completion or Diploma. More than one of these forms is required to evaluate the credit.

D. **Official Military Records Required to Verify Completion of a Service School:** Students who apply for credit for service schools are required to submit to the institution official military records to verify completion of that school. A copy of the certificate or diploma is acceptable.

E. **Air Force Personnel:** Air Force personnel seeking category credit should submit an official Community College of the Air Force transcript as they would submit a transcript from any other accredited institution.

F. **Summary:** Each school does its own evaluation of military credit. Credit granted at Solano Community College will not necessarily be accepted at another institution. It is advisable to check with the college you plan to transfer to for their policies on Non-Traditional credit.

*Please Complete Other Side*
Complete the following information and attach this form to your papers for evaluation.

NAME ___________________________________________ SSN or SCCID# _______________________
(Please Print) Last          First        M

ADDRESS ____________________________________________________________________
Street      City   State  Zip

PHONE # _____________________________________ DATE OF BIRTH ____________________

1. I have enclosed the following forms for evaluation of military service schools:
   _____ DD214 (military discharge paper)
   _____ DD295 (active duty)
   _____ Certification of Completion or Diploma

2. Please list the military school(s) you wish to have evaluated:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. I would like six (6) elective units for military service.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Student’s Signature / Current Date

Please Note: You may go to www.dantes.doded.mil – Examination Programs – Transcript Request to complete the following:

➢ To request a USAFI GED or College Level Transcript for tests or USAFI courses taken before July 1, 1974
➢ To request Transcripts and Grade Reports for exams taken after July 1, 1974
   (CLEP and DSST)
➢ To download a printable military transcript request form for college level exams taken after July 1, 1974
Veterans Education Benefit Monthly Pay Rate
Effective October 1, 2014
Veterans Affairs Center 4000 Suisun Valley Road, Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 646-2092

Chapter 30 (3 years or more of Service)

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate No Dependents</td>
<td>$1,717</td>
<td>$1,287</td>
<td>$858.50</td>
<td>Tuition &amp; Fees only</td>
</tr>
</tbody>
</table>

Chapter 30 (Less than 3 years of Service)

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate No Dependents</td>
<td>$1,395</td>
<td>$1,046.25</td>
<td>$697.50</td>
<td>Tuition &amp; Fees only</td>
</tr>
</tbody>
</table>

Chapter 31

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate No Dependents</td>
<td>$603.33</td>
<td>$453.33</td>
<td>$303.33</td>
<td>N/A</td>
</tr>
<tr>
<td>One Dependent</td>
<td>$748.38</td>
<td>$562.10</td>
<td>$375.82</td>
<td>N/A</td>
</tr>
<tr>
<td>Two Dependents</td>
<td>$881.93</td>
<td>$659.36</td>
<td>$441.76</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Add for additional dependents Full-time=$64.28, 3/4 time=$49.44 & ½ time=$32.98**

Chapter 32

**CHAPTER 32 PAY RATE IS DETERMINED ON A CASE BY CASE BASIS.**

Chapter 33

BAH rates vary according to number of units enrolled. Anything under full time will be prorated.

To receive FULL BAH for a regular semester you need to have 12+ units, you will NOT receive BAH if you are below 6.5 units.

To calculate your BAH rate using the chart, multiply your full BAH rate by the multiplier under the number of units in which you are enrolled. (EX: If your full BAH rate is $1593/mo and you are enrolled in 9 units you would use 1593 x .8)

<table>
<thead>
<tr>
<th>Units</th>
<th>&gt;12</th>
<th>11.5</th>
<th>11</th>
<th>10.5</th>
<th>10</th>
<th>9.5</th>
<th>9</th>
<th>8.5</th>
<th>8</th>
<th>7.5</th>
<th>7</th>
<th>6.5</th>
<th>6.5+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiplier</td>
<td>1</td>
<td>1</td>
<td>.9</td>
<td>.9</td>
<td>.8</td>
<td>.8</td>
<td>.8</td>
<td>.7</td>
<td>.7</td>
<td>.6</td>
<td>.6</td>
<td>.5</td>
<td>.0</td>
</tr>
</tbody>
</table>

Chapter 35

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate</td>
<td>$1018</td>
<td>$763</td>
<td>$506</td>
<td>Tuition &amp; Fees only</td>
</tr>
</tbody>
</table>

Chapter 1606

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate</td>
<td>$367</td>
<td>$274</td>
<td>$182</td>
<td>$91.75</td>
</tr>
</tbody>
</table>

Chapter 1607

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¼ Time</th>
<th>½ Time</th>
<th>Less Than ½ time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rate for service of 2 years or more</td>
<td>$1,373.60</td>
<td>$1030.20</td>
<td>$686.80</td>
<td>Tuition &amp; Fees only</td>
</tr>
<tr>
<td>Service of 1 year but less than 2 years</td>
<td>$1030.20</td>
<td>$772.65</td>
<td>$515.10</td>
<td>Tuition &amp; Fees only</td>
</tr>
<tr>
<td>Service of 90 days but less than 1 year</td>
<td>$686.80</td>
<td>$515.10</td>
<td>$343.40</td>
<td>Tuition &amp; Fees only</td>
</tr>
</tbody>
</table>
ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Full-Time</th>
<th>¾ Time</th>
<th>½ Time</th>
<th>Less than ½ time</th>
<th>Min. Req. for BAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Week Course</td>
<td>7 units</td>
<td>5 units</td>
<td>3.5 units</td>
<td>&lt;3.5 units</td>
<td>3.5 units</td>
</tr>
<tr>
<td>9-Week Course</td>
<td>6 units</td>
<td>4.5 units</td>
<td>3 units</td>
<td>&lt;3 units</td>
<td>3.5 units</td>
</tr>
<tr>
<td>8-Week Course</td>
<td>5.5 units</td>
<td>4 units</td>
<td>3 units</td>
<td>&lt;3 units</td>
<td>3 units</td>
</tr>
<tr>
<td>7-Week Course</td>
<td>5 units</td>
<td>3.5 units</td>
<td>2.5 units</td>
<td>&lt;2.5 units</td>
<td>3 units</td>
</tr>
<tr>
<td>6-Week Course</td>
<td>4 units</td>
<td>3 units</td>
<td>2 units</td>
<td>&lt;2 units</td>
<td>2.5 units</td>
</tr>
<tr>
<td>5-Week Course</td>
<td>3.5 units</td>
<td>2.5 units</td>
<td>2 units</td>
<td>&lt;2 units</td>
<td>2 units</td>
</tr>
<tr>
<td>4-Week Course</td>
<td>3 units</td>
<td>2 units</td>
<td>1.5 units</td>
<td>&lt;1.5 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>3-Week Course</td>
<td>2 units</td>
<td>1.5 units</td>
<td>1 units</td>
<td>&lt;1 units</td>
<td>1.5 units</td>
</tr>
</tbody>
</table>

** Calculations based on: ( # Credits × 18 ÷ weeks = credit hour equivalents ) with 6 being ½ time. **