



Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Phone #: (707) 864-7105 Fax #: (707) 646-2092

Email: Veterans@solano.edu

Chapter 33 Dependent New Student Enrollment Checklist

SCC Campus To Do List:

****Required** Prior to appt. with counselor**

- ◇ Complete Application for Admission Online (www.solano.edu)
- ◇ Obtain Username and Password
- ◇ Request Transcripts from previous school(s) be sent to Admissions and Records
****Unofficial Transcripts REQUIRED** to be brought to appt. with counselor**
- ◇ New Student Orientation Can be completed online or in person. Please print confirmation of completed orientation to submit to the Veterans Resource Center (<http://www.solano.edu/orientation/>)
****Exempt if previously attended college.****
- ◇ Schedule an appointment with the SCC Veterans Resource Center to meet with a counselor for an Education Plan
- ◇ Register for classes
- ◇ Apply for Financial Aid (<http://www.fafsa.ed.gov>) ****Recommended****

SCC Veterans Center To Do List:

- ◇ Verification of Entitlement
Never Used Benefit Before:
 - Certificate of Eligibility (COE) **–OR–**
 - Print-off of the confirmation page that you submitted VA Form 22-1990E on www.va.gov
- Previously Used Benefit:**
 - Certificate of Eligibility (COE) **–AND–**
 - Print-off the confirmation that you submitted VA Form 22-1995 on www.va.gov
- ◇ DOD Transferability Approval
(Only needed if no COE)
(<https://milconnect.dmdc.osd.mil/>)
- ◇ Complete Veterans Online Benefit Overview (<http://www.solano.edu/veterans/overview/>)
- ◇ Bring copies of any unofficial transcripts from previous colleges
- ◇ Complete Transcript and Student Obligation Form
- ◇ Complete Intake Form
- ◇ Complete Enrollment Status Form
- ◇ Copy of Schedule and Bill (Printed from MySolano Acct. under Student Tab)



Veterans Education Benefit Monthly Pay Rate

Effective October 1, 2020

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Spring & Fall Term Units: Full-time = 12+, ¾ Time = 9 – 11, ½ Time = 6 – 8

Chapter 30 (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$2,122.00	\$1,591.50	\$1,061.00	Tuition & Fees only
Chapter 30 (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,722.00	\$1,291.50	\$861.00	Tuition & Fees only

Chapter 31				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$653.96	\$491.38	\$328.78	N/A
One Dependent	\$811.18	\$609.27	\$407.36	N/A
Two Dependents	\$955.92	\$714.69	\$478.83	N/A

Add for additional dependents Full-time=\$69.66, 3/4 time=\$53.59 & ½ time=\$35.74

Chapter 33													
BAH rates vary according to number of units enrolled. Anything under full time will be prorated. To receive <i>FULL</i> BAH for a regular semester you need to have 12+ units, you will <i>NOT</i> 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 \$2,736.00 per month and you are enrolled in 9 units you would use 2736 x .8) BAH rate for <i>exclusively online training</i> (no classroom instruction) is \$916.50													
Units	≥12	11.5	11	10.5	10	9.5	9	8.5	8	7.5	7	6.5	6.5>
Multiplier	1	1	.9	.9	.8	.8	.8	.7	.7	.6	.6	.5	0

Chapter 35				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,265.00	\$1,000.00	\$734.00	Tuition & Fees only

Chapter 1606				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$397.00	\$297.00	\$198.00	\$99.25

Chapter 1607				
Enrollment Status	Full-Time	¾ Time	½ Time	Less Than ½ time
Monthly Rate for service of 2 years or more	\$1,640.00	\$1,230.00	\$820.00	Tuition & Fees only
Service of 1 year but less than 2 years	\$1,230.00	\$922.50	\$615.00	Tuition & Fees only
Service of 90 days but less than 1 year	\$820.00	\$615.00	\$410.00	Tuition & Fees only

Monthly Pay Rates Obtained From: https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp
<https://www.defensetravel.dod.mil/pdcgi/bah/bahsrch.cgi> (Chapter 33)
https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp (Chapter 31)

ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less than $\frac{1}{2}$ time	Min. Req. for BAH
10-Week Course	7 units	5 units	3.5 units	<3.5 units	3.5 units
9-Week Course	6 units	4.5 units	3 units	<3 units	3.5 units
8-Week Course	5.5 units	4 units	3 units	<3 units	3 units
7-Week Course	5 units	3.5 units	2.5 units	<2.5 units	3 units
6-Week Course	4 units	3 units	2 units	<2 units	2.5 units
5-Week Course	3.5 units	2.5 units	2 units	<2 units	2 units
4-Week Course	3 units	2 units	1.5 units	<1.5 units	1.5 units
3-Week Course	2 units	1.5 units	1 unit	<1 unit	1.5 units

**** Calculations based on: (# Credits \times 18 \div weeks = credit hour equivalents) with 6 being $\frac{1}{2}$ time. ****





Transcript and Student Obligation Form

Veterans Resource Center
Building 2700, Room 2750
4000 Suisun Valley Road, Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 864-2092
Veterans@solano.edu

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

<u>Name of College</u>	<u>In File</u>	<u>Date Recv'd</u>	<u>Int</u>

_____ 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 Resource 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 Resource 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 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>)

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

_____ I understand that I am required and that it is my responsibility to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

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 _____



Intake Form

Veterans Resource Center
Building 2700, Room 2750
4000 Suisun Valley Road
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: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____					
Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dep <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Fry Scholarship					
(If dependent, are you: Spouse or Child)					
If you are the Veteran (Don't answer if you're a dependent):					
Branch of Service: _____			Discharge Date: _____		
Do you have a disability rating with the VA?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Do you have health insurance?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Is your health insurance through the VA?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		

CHECK ALL THAT APPLY: Are you interested in information about...

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Housing | <input type="checkbox"/> EDD Unemployment Services |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> Classroom Accommodations (9-Line) | <input type="checkbox"/> Other: _____ | |

Signature

Date

****VETERANS RESOURCE CENTER STAFF ONLY****

Referrals Made:

	Financial Aid
	Vocational Rehabilitation
	Disability Claims
	Health Insurance
	Free Tutoring

	Personal Counseling
	Food Sources
	Housing
	Legal Aid
	Book Assistance

	EDD Employment
	VSO
	Work-Study Assistance
	Other
	Accommodations (DSP)

Notes:



Enrollment Status Form

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 Office: (707) 864-7105 Fax: (707) 646-2092
 Email: Veterans@solano.edu

Name		SSN		Student ID	
Address		City		State	Zip
VA File # (If dependent)		Phone		Email	
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____ Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dep <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Fry Scholarship If you are a dependent, are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child Are you utilizing Solano Community College DSP (Disability Services Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No					Office Use Has Major Changed: <input type="checkbox"/> Yes <input type="checkbox"/> No New Major: _____ _____
Courses Added (e.g. Engl 001)	Units	Office Use	Course Dropped	Units	Today's Date
	Total			Total	

Read and Initial:

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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** _____

Please include a copy of your schedule/bill from www.my.solano.edu -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill