



## Chapter 33 Dependent New Student Checklist

### Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: [www.solano.edu/veterans](http://www.solano.edu/veterans)

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### Solano Community College (SCC) To-Do List

- ☐ Complete Application for Admission/Readmission <https://welcome.solano.edu/ar-apply/>.
    - **New Students:** Your SCC Student ID #, Username, and Password will be e-mailed to you within 30 min – 24 hours.
    - **Returning Students:** If you've previously applied for admission and did not attend for 1 or more semesters, you will need to apply for readmission.
  - ☐ Submit **UNOFFICIAL** transcripts from all previous colleges.
    - You have two semesters to submit **OFFICIAL** transcripts to the school before we can't certify your enrollment to the VA anymore.
  - ☐ Schedule an appointment with the SCC Veterans Resource Center to go over the paperwork & schedule appointment with VA approved education plan counselor.
  - ☐ Complete the New Student Online Orientation at <http://www.solano.edu/orientation/>
  - ☐ Register for classes based on approved VA Education Plan.
  - ☐ Apply for Financial Aid <https://studentaid.gov/>
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### SCC Veterans Center To-Do List

- ☐ Verification of Entitlement:
    - **Never used the benefit:** Certificate of Eligibility – OR – fill out the application, VA Form 22-1990E, on VA.gov <https://www.va.gov/education/apply-for-education-benefits/application/1990E/introduction>, **SAVE/PRINT/TAKE A SCREENSHOT** of the confirmation page, and provide us with a copy
      - If you DON'T have the Certificate of Eligibility, we will need the **DOD Transferability letter** which can be obtained from the veteran or by the veteran at <https://milconnect.dmdc.osd.mil/milconnect/>
      - You have one semester to submit a Certificate of Eligibility to the school before we can't certify your enrollment to the VA anymore.
    - **Previously used the benefit:** Certificate of Eligibility is **REQUIRED**.
    - You might be able to get a copy of your Certificate of Eligibility on VA.gov <https://www.va.gov/education/gi-bill/post-9-11/ch-33-benefit/>
  - ☐ Complete the Veterans Online Benefit Overview at <http://www.solano.edu/veterans/overview/>
  - ☐ Sign or acknowledge receipt of approved VA Education Plan after it's been reviewed and e-mailed to you.
  - ☐ Schedule and Bill from <http://my.solano.edu> -> Student Tab -> Registration Box -> View/Print Schedule and Bill.
  - ☐ Fill out all the forms included in the **Chapter 33 Dependent New Student Packet**.
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### Registration Tools:

- Course Search Tool: [https://ssb.solano.edu/PROD/syk\\_class\\_finder.p\\_basic\\_search](https://ssb.solano.edu/PROD/syk_class_finder.p_basic_search)
- MySolano Portal: <http://my.solano.edu>
- Video on searching for/adding classes: <https://welcome.solano.edu/vrc-video-resources/>
- Veterans Resource Center Forms: <https://welcome.solano.edu/vrc-forms/>



# Veterans Education Benefit Monthly Pay Rate Effective October 1, 2022

Veterans Resource Center  
Building 2700 Room 2750  
4000 Suisun Valley Road  
Fairfield, CA 94534-3197  
Office: (707) 864-7105 Fax: (707) 646-2092  
E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: [www.solano.edu/veterans](http://www.solano.edu/veterans)

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

Chapter 30 – Montgomery GI Bill (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$2,210.00	\$1,657.50	\$1,105.00	Tuition & Fees only
Chapter 30 – Montgomery GI Bill (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,793.00	\$1,344.75	\$896.50	Tuition & Fees only

Chapter 31 – Veterans Readiness & Employment (VRE)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$723.56	\$543.68	\$363.77	N/A
One Dependent	\$897.51	\$674.11	\$450.71	N/A
Two Dependents	\$1,057.65	\$790.75	\$529.79	N/A

\*\*Add for additional dependents Full-time=\$77.01, ¾ time=\$59.30 & ½ time=\$39.55\*\*

Chapter 33 – Post 9/11 GI Bill													
<b>BAH rates vary according to number of units enrolled. Anything under full time will be prorated.</b> 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 that are authorized by the VA. EX: If your full BAH rate is \$2,910.00 per month and you are enrolled in 9 units you would use $2910 \times .8 = 2,328$ BAH rate for <i>exclusively online training</i> (no classroom instruction) is \$917 per month.													
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 – Dependents Educational Assistance				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,401.00	\$1,107.00	\$812.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$439.00	\$329.00	\$219.00	\$109.75

Monthly Pay Rates Obtained From: [https://www.benefits.va.gov/gibill/resources/benefits\\_resources/rate\\_tables.asp](https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp)  
<https://www.va.gov/education/gi-bill-comparison-tool/> (Chapter 33)  
[https://www.benefits.va.gov/vocrehab/subsistence\\_allowance\\_rates.asp](https://www.benefits.va.gov/vocrehab/subsistence_allowance_rates.asp) (Chapter 31)

Form Revision Date: 10/3/2022

# ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ 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 × 18 ÷ weeks = credit hour equivalents ) with 6 being ½ time. \*\***





# Transcript and Student Obligation Form

## Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Full Name	Last 4 SSN	Student ID
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### 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

Name of College(s)	OFFICE USE ONLY		
	In File	Date Rcvd	Initials
<input type="checkbox"/> Joint Service Transcript (Army, Coast Guard, Marines, Navy) <b>-OR-</b>			
<input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

### Read, understand, and Initial Each Line to agree:

\_\_\_\_\_ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

\_\_\_\_\_ 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 to have any and all **Official Transcripts** sent to Solano Community College **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 an Enrollment Status Form with the 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 Veterans Resource Center of all changes to my schedule. A failure to do so may result in an overpayment on my part which will result in a debt to 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. Contact: 1-877-823-2378 or [www.gibill.va.gov/wave](http://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 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 if I drop any course(s) that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

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 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Full Name		Student ID	
Full SSN		Date of Birth	
VA File Number (Veterans SSN – CH35 Only)		CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address	City	State	Zip
Phone	Email		

### If you are the Veteran:

Branch of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Do you have a disability rating with the VA? ☐ No ☐ Yes

Do you have health insurance? ☐ No ☐ Yes

Is your health insurance through the VA? ☐ No ☐ 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"/> VR&E (CH31)          | <input type="checkbox"/> Free Tutoring            | <input type="checkbox"/> Housing      | <input type="checkbox"/> EDD Unemployment  |
| <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 | <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 Unemployment
	VSO
	Work-Study
	Other
	Accommodations (ACS)

#### Notes:

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## **COURSE WITHDRAW POLICY**

Prior to withdrawing from any of your courses, please contact the Veterans Resource Center to ask how the withdraw will **impact you financially.**

## **CHAPTER 33 – POST 9/11 GI BILL (CH33) RECIPIENTS**

### **MONTHLY ENROLLMENT VERIFICATION REQUIREMENT**

All CH33 recipients are **REQUIRED** to verify their enrollment through the VA at the end of every month to receive your monthly housing allowance.

You can call them at the end of every month, or you can opt into text message verification.

To call them and to opt into text message verifications you will need to contact the Muskogee VA Regional Office at 1-888-442-4551.

**Failure to verify your enrollment 2 months in a row will result in the VA withholding your monthly housing allowance until you contact them.**

For more information on the requirement to verify your enrollment at the end of every month please visit the VA's website at:

[https://benefits.va.gov/gibill/isaksonroe/verification\\_of\\_enrollment.asp](https://benefits.va.gov/gibill/isaksonroe/verification_of_enrollment.asp)

### **IN-PERSON CLASS REQUIREMENT**

CH33 Students are **REQUIRED** to enroll in **ONE** in-person course to receive the full in-person housing stipend. Eligibility for the in-person housing stipend only lasts for the duration of the in-person class.



# Enrollment Status Form

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E-mail: veterans@solano.edu Website: www.solano.edu/veterans

**If you do not submit a schedule/bill with your Enrollment Status Form, your paperwork will not be processed.**  
**Obtain from: <http://my.solano.edu> -> Student Tab (Left Side) -> Registration Box -> View/Print Schedule and Bill**

Full Name:			Last 4 SSN:		Student ID:	
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____						
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship						
Are you utilizing Solano College ASC (Accessibility Services Center)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has your contact information changed recently (If Yes, update below)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address:			City:		State:	Zip:
Phone:			Email:			
<b>Course(s) Added</b> Ex: ENGL 001	<b>Units</b>	<b>Office Use</b>	<b>Course(s) Dropped</b> Ex: ENGL 001	<b>Units</b>	<b>Today's Date</b>	<b>Office Use</b>
<b>Total Units:</b>			<b>Total Units:</b>			

### Read, understand, and Initial Each Line to agree:

\_\_\_\_\_ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

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\_\_\_\_\_ I understand if I drop any course(s) that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

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 \_\_\_\_\_