New and Returning Veterans and Dependents of a Veteran Intake Form

Branch of Service ◯ **Army** ◯ **Marine Corps** ◯ **Navy** ◯ **Air Force** ◯ **Coast Guard**

Last Name	First Name	Social Security Number
Address	Phone	LACCD ID number
LACCD Email	Personal Email Address	Major/Program of Study

VA Education Benefit (Select One)

◯ Chapter 30: Montgomery GI Bill
◯ Chapter 33: Post 9/11 GI Bill
◯ Chapter 1606: Selected Reserve
◯ Chapter 35: Dependents Educational Assistance/VA File Number: _____
◯ Chapter 31: Vocational Rehabilitation
◯ Chapter 33: Post 9/11 GI Bill (TOE) Transfer of Entitlement
◯ Chapter 1607: Reserve Education Assistance Program (REAP)

Have you ever used your Veterans Educational Benefits before: ◯ Yes ◯ No

If yes, name of the school you transferred from: _____

If no, have you applied on-line for Veterans Educational Benefits: ◯ Yes ◯ No

New Student Veterans: Using Benefits for the First Time Provide

☐ Certificate of Eligibility (C.O.E.)
☐ Copy of Member 4 DD-214
☐ Official Military Transcript and or Transcripts from all Colleges, Training Institutes and Technical School, if applicable

Services West Los Angeles College Can Be of Assistance

☐ Disabled Students Program and Services
☐ Applying for Financial Aid
☐ Tutoring Assistance
☐ Child Care
☐ Veterans Club

All Veterans Correspondence Are Sent To Your LACCD Email Account

_____ Student Veteran Signature

_____ Date