



Triton College Military Educational Benefits Data Form 2020-2021

Colleague no. _____

This application is to be completed for the purpose of military educational benefits only. Students interested in applying for additional financial aid must complete the appropriate documentation as required by Triton College.

In addition to this data form, students may also be asked to submit the following items depending on the type of benefits they choose to use: **DD214-4, Letter of Eligibility, Change of Program/Place of Training Form, Transcripts, Benefit Specific Application, etc.**

Important Notice: All qualifying students using the GI Bill[®] must meet Standards of Academic Progress. All qualifying students using a state benefit must maintain a minimum 2.0 GPA. Disqualified students must appeal for reinstatement and be approved in order to use military educational benefits at Triton College. Individual benefits may carry additional qualifications.

**Return the completed Triton College Military Educational Benefits Data Form to:
Triton College, Financial Aid Office, 2000 Fifth Ave., River Grove, IL 60171
The Financial Aid Call Center can be reached at (708) 456-0300 or finaid@triton.edu.**

1. Social Security no. _____ Date of birth _____ Degree program _____

2. Name _____
Last
First
Middle Initial

3. Current address _____
Street
City
State
ZIP

4. Telephone number () _____ 5. Email address _____

6. Have you used military educational benefits previously?

Note: Official communications will be sent to the student's triton.edu email account.

YES - I have used benefits at Triton OR another school NO - I have not used benefits before
*(You will be contacted by your Triton College veteran certifying official if **additional paperwork** is needed.)*

7. Do you have a bachelor's/master's degree? Yes No

8. Will you be attending another institution while at Triton College? (If YES, a letter from your parent school approving all courses is required.)

Yes No

9. What benefit(s) do you plan on using during the 2020-2021 academic year? (Check ALL that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Montgomery GI Bill [®] – Post 9/11 (Chapter 33) | <input type="checkbox"/> Survivors & Dependents (Chapter 35) |
| <input type="checkbox"/> Montgomery GI Bill [®] – Traditional (Chapter 30) | <input type="checkbox"/> Illinois Veterans Grant (IVG) |
| <input type="checkbox"/> Montgomery GI Bill [®] – Reserves (Chapter 1606) | <input type="checkbox"/> Illinois National Guard (ING) <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring |
| <input type="checkbox"/> Vocational Rehabilitation (Chapter 31) | <input type="checkbox"/> Illinois MIA/POW Scholarship Grant |

- I understand if I make any **changes** to my schedule, **I must notify** my Triton College veteran certifying official.
- I understand payment of tuition or certification of classes is pending the verification of academic eligibility and the collection of necessary forms; therefore, my tuition **may not be paid or my classes certified by the first day of school.**

By signing this, I agree that I have read, understand, and will adhere to the attached *responsibilities and checklist*. I declare, under penalty of perjury, that all information reported on this application is true, complete and accurate.

Student's signature _____ Date _____

For Office Use Only

GPA _____ SAP/Date _____ IVG Units _____ VET Screen _____ Post 9/11 _____ %
 MINF _____ PERC _____ DD-214-4 _____ COE _____ Other _____