



Chapter 35 & Fry Scholarship 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 Website: www.solano.edu/veterans

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:
 - 1) Certificate of Eligibility (COE) **-OR-**
 - 2) - Print-off of the confirmation page that you submitted VA Form 22-5490 on www.va.gov **-AND-**
 - Veterans 100%, Permanent, and Total disability award letter. (CH35 Only)**Previously Used Benefit:**
 - Certificate of Eligibility (COE) **-AND-**
 - Print-off the confirmation that you submitted VA Form 22-5495 on www.va.gov
- ◇ 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)
- ◇ **Dependent Children Only**
Complete Cal Vet Fee Waiver application form DVS 40 and submit it to the Solano County Veteran Service Office.



Veterans Education Benefit Monthly Pay Rate Effective October 1, 2021

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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	\$2,150.00	\$1,612.50	\$1,075.00	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	\$1,744.00	\$1,308.00	\$872.00	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	\$670.77	\$504.01	\$337.23	N/A
One Dependent	\$832.03	\$624.93	\$417.83	N/A
Two Dependents	\$980.49	\$733.06	\$491.14	N/A

Add for additional dependents Full-time=\$71.45, 3/4 time=\$54.97 & ½ time=\$36.66

Chapter 33 – Post 9/11 GI Bill													
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 \$2,727.00 per month and you are enrolled in 9 units you would use 2727 x .8)													
BAH rate for <i>exclusively online training</i> (no classroom instruction) is \$871													
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	\$1,298.00	\$1,026.00	\$753.00	Tuition & Fees only

Chapter 1606 – Montgomery GI Bill Selected Reserve				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$407.00	\$305.00	\$203.00	\$101.75

Monthly Pay Rates Obtained From: https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp
<https://www.defensetravel.dod.mil/site/bahCalc.cfm> (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	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

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

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

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 Received	Initials

Read and Initial:

_____ I understand that if I am receiving Chapter 33 benefits, I am required to verify my enrollment at the end of each month. I must contact the regional VA Education Office at 1-888-442-4551 at the end of every month or opt into text message verification by contacting the regional VA Education Office to request it. 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 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 an Enrollment 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 the VA has changed their opinion on CA Community College W grades and now are considered to be non-punitive grades. Students receiving GI Bill benefits may be required to repay some or all of the money received for each W grade they receive. Currently the VA has not determined an effective date. More information will be provided after an effective date is confirmed.

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 _____



Enrollment Status Form

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**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**

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 DSP (Disability Services Program)? <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			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
Total Units:			Total Units:			

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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 _____



Intake Form

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

Name		Student Full SSN		Student ID
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		

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 (9-Line) | <input type="checkbox"/> Other: _____ | |

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? No Yes

Do you have health insurance? No Yes

Is your health insurance through the VA? No Yes

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 (DSP)

Notes:
