



## 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](mailto:veterans@solano.edu) Website: <https://solano.edu/centers/veterans-resource-center/>

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

- Complete Application for Admission/Readmission <https://www.solano.edu/admissions/>
    - **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, benefit information, and schedule appointment with VA trained education plan counselor.
  - Complete the New Student Online Orientation at <https://www.solano.edu/admissions/orientation-home.php>
  - Apply for Financial Aid <https://studentaid.gov/> (Optional, but HIGHLY Recommended)
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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 22-5490, on VA.gov <https://www.va.gov/education/apply-for-education-benefits/application/5490/introduction> **SAVE/PRINT/TAKE A SCREENSHOT** of the confirmation page and provide us with a copy.
      - No Certificate of Eligibility? -> Provide the Veterans VA Disability Award letter showing they are **100% Permanent and Total** rated by the VA. <https://www.va.gov/records/download-va-letters/> called "Benefit Summary and Service Verification Letter."
      - You have one semester to submit a Certificate of Eligibility to the school before we cannot 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 by calling the VA at 1-888-442-4551.
  - Sign or acknowledge acceptance of VA Education Plan after it has been reviewed and e-mailed to you.
    - Only Register for classes based on VA Education Plan, otherwise it won't be covered by the VA.
  - A copy of your schedule from FalconNest
  - A copy of your Account Detail by Term from FalconNest
  - Fill out all the forms included in the **Chapter 35 & Fry Scholarship New Student Packet**.
    - For Chapter 35 – Ensure you include the VA File Number (the Veterans SSN) and your relationship to the veteran on the Intake Form.
    - We can only accept electronically completed PDF's or PDF scans of the packet, NO PICTURES.
  - Dependent Children Only:* The last 3 pages are a checklist/application for the CalVet Fee Waiver (CVFW) which you could also be eligible for. Please read the CVFW checklist for specific submission instructions.
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### Registration Tools:

- Course Finder: <https://ssb.solano.edu/StudentRegistrationSsb/ssb/term/termSelection?mode=search>
- FalconNest Portal: <https://falconnest.solano.edu/>
- How-To Videos Class Search, Registration, Add Codes, Financial Aid: <https://solano.edu/falcon-how-to-hub>
- Veterans Resource Center Forms: <https://solano.edu/centers/veterans-resource-center/forms.php>



## VA Shopping Sheet/College Financing Plan

### Veterans Resource Center

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Fairfield, CA 94534

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Section 1018 of Public Law 116-315, [Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020](#), requires educational institutions to make certain disclosures to students using federal military and/or VA education benefits. To ensure compliance with the law, we have developed the Shopping Sheet/College Financing Plan Information for Student Veterans/Veteran's Dependents.

### **Cost of attendance: Estimated cost of courses including tuition, fees, books, supplies, living and other additional costs**

Information is available on the Solano Community College Financial Aid - Cost of Attendance webpage <https://solano.edu/financial-aid/how-to-apply/cost-of-attendance.php>

Please note that your final cost depends on you receiving VA benefits to cover for tuition and fees, books/supplies, and housing allowance; any aid to cover for the cost; taking extra courses such as prerequisites; retaking a failed course; changing your program of study which requires more or less credits, change in cost of living; a change in tuition/fees as approved by State Legislature, etc.

### **Amounts covered by VA Benefits**

- VA GI Bill® Comparison tool <https://www.va.gov/education/gi-bill-comparison-tool/>
- VA Payment Rates [https://www.benefits.va.gov/gibill/resources/benefits\\_resources/rate\\_tables.asp](https://www.benefits.va.gov/gibill/resources/benefits_resources/rate_tables.asp)
- Book Stipend, Monthly Housing Allowance and Monthly Stipend based on benefit and enrollment pursuit rate <https://solano.edu/centers/veterans-resource-center/pay-rates.php>

### **Types of Federal financial aid offered by the institution, that the student may be qualified to receive**

Options are available on the Solano Community College Financial Aid website under the Programs Available tab <https://solano.edu/financial-aid/>

### **Estimated Student Loan Debt, College Scorecard and Graduation Rates**

Information on Student Loans is on the Solano Community College Financial Aid website <https://solano.edu/financial-aid/available-programs/direct-loans.php>

Solano Community College - College Scorecard with Student Loan information & Graduation Rates and additional information is available on the US Department of Education College Scorecard website <https://collegescorecard.ed.gov/school/?123563-Solano-Community-College>

### **Job Placement Rate**

Information is available on the California Community College website <https://www.calpassplus.org/Launchboard/SWP.aspx>

### **Solano Community College School Policy on accepting transfer credit and military credit**

Incoming transcript information is located on the Admissions and Records website <https://www.solano.edu/admissions/Transcripts/>

Military Credit information is located on the Veterans Resource Center webpage <https://solano.edu/centers/veterans-resource-center/policies.php>

### **Additional Information**

In-state Tuition – Students actively using Montgomery GI Bill®–Active-Duty program (Chapter 30), Veterans Readiness and Employment program (formerly called Vocational Rehabilitation and Employment) (Chapter 31), Post-9/11 GI Bill® program (Chapter 33) and Dependents Educational Assistance (Chapter 35) are exempt from paying nonresident tuition regardless of when the veteran separated from the military. Please by filling out the Isakson and Roe Out of State Tuition Waiver <https://solano.edu/centers/veterans-resource-center/forms.php>

VA Monthly Enrollment Verification – Information is available on <https://solano.edu/centers/veterans-resource-center/verify-enrollment.php>

Certification of Enrollment to the VA - Certification for VA Education Benefits each semester is not automatic. Students who wish to receive the benefit must complete the paperwork with the SCO and must submit the Enrollment Status Form and Schedule/Bill every semester after enrolling in courses in order to continue receiving benefits and to prevent delays in payment of benefits. Enrollment Status Form and Schedule/Bill information is located on the Veterans Resource Center webpage <https://solano.edu/centers/veterans-resource-center/forms.php>

All new students are required to go through the New Student process. New students can call 707-864-7105 or email ([veterans@solano.edu](mailto:veterans@solano.edu)) the Veterans Resource Center to schedule a New Student appointment to start the process. New Student Packets are located on the Veterans Resource Center webpage <https://solano.edu/centers/veterans-resource-center/forms.php> .

Absence due to Military Service - A student who is an active duty or reservist of the United States military, and who receive orders compelling a withdrawal from courses, should submit the General Student Withdraw Petition, to the Admissions and Records Office, requesting a Military Withdrawal (MW), with proof of such orders to receive a full refund of those courses (For Chapter 33 students, the school will return the tuition and fees to the VA). An “MW” symbol will be assigned and will not be counted in progress probation, dismissal calculations, or in calculating the permitted number of withdrawals a student is allowed. Students can resubmit the application for admission upon return. This petition is located on the Admissions and Records Forms Webpage <https://www.solano.edu/admissions/Important-Resources/ar-forms.php> .

Students who are receiving the VA benefit along with Financial Aid should be aware that withdrawing from a course(s) will have an impact on their benefit/financial aid status. Students are strongly encouraged to talk to the Financial Aid Department and the School Certifying Official.

VA benefits will stop as of the drop date reported for all courses. Students will be responsible for repaying VA the funds received for such course(s), (BAH/Monthly assistance allowance), or submitting a Mitigating Circumstance to the VA.

If you are a Cal Grant recipient and have been called to active military duty, are entering military service, Peace Corps or VISTA, you may apply for a deferment of your Cal Grant for up to three years. Send the Military Deferment Request Cal Grant Programs form to the California Student Aid Commission, along with a copy of your orders.

### **Contact Information**

<b><u>Veterans Resource Center Building 2700 Room 2750 (Main Campus, Fairfield)</u></b>	
Director of Veteran and Military Services and Programs	Amy Kennedy, <a href="mailto:Amy.Kennedy@solano.edu">Amy.Kennedy@solano.edu</a> , 707-864-7105
Veteran & Military School Certifying Official	Christopher Gulick, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105 Helymar Walter, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105 Lindsey Martin, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105
VA Work Study Supervisor	Amy Kennedy, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105 Christopher Gulick, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105
VA Academic Counselor	Rahul Patria, <a href="mailto:veterans@solano.edu">veterans@solano.edu</a> , 707-864-7105
<b><u>Financial Aid Office Building 400, Second Floor</u></b>	
VRC Financial Aid Representative	CoChea Bivins, <a href="mailto:CoChea.Bivins@solano.edu">CoChea.Bivins@solano.edu</a> , 707-864-7144



## Veterans Education Benefit Monthly Pay Rate

Effective October 1, 2025

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E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: <https://solano.edu/centers/veterans-resource-center/>

Spring & Fall 18-Week Term Units: Full-time = 12+, 3/4 Time = 9 – 11, 1/2 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	\$2,518.00	\$1,888.50	\$1,259.00	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	\$2,043.00	\$1,532.25	\$1,021.50	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	\$812.84	\$610.76	\$408.66	N/A
One Dependent	\$1,008.24	\$757.28	\$506.32	N/A
Two Dependents	\$1,188.15	\$888.32	\$595.16	N/A

\*\*Add for each additional dependents Full-time=\$86.58, 3/4 time=\$66.60 & ½ time=\$44.42\*\*

#### 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 *FULL* BAH for a regular semester you need to have 12+ units, you will *NOT* 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 \$3,264.00 per month and you are enrolled in 9 units you would use  $3264 \times .8 = 2,611.20$

If all your classes are online BAH is approximately **\$1,119** per month. Minimum of **ONE in-person class** is **\$3,264** 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	\$1,574.00	\$1,244.00	\$912.00	Tuition & Fees only

#### Chapter 1606 – Montgomery GI Bill® Selected Reserve

Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$493.00	\$369.00	\$246.00	\$123.25

#### 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) (Chapter 30, 35, and 1606)
- <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)

**ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS**

<b>All Chapters</b>					
<b>Enrollment Status</b>	<b>Full-Time</b>	<b>¾ Time</b>	<b>½ Time</b>	<b>Less than ½ time</b>	<b>Min. Req. for BAH</b>
<b>10-Week Course</b>	7 units	5 units	3.5 units	<3.5 units	3.5 units
<b>9-Week Course</b>	6 units	4.5 units	3 units	<3 units	3.5 units
<b>8-Week Course</b>	5.5 units	4 units	3 units	<3 units	3 units
<b>7-Week Course</b>	5 units	3.5 units	2.5 units	<2.5 units	3 units
<b>6-Week Course</b>	4 units	3 units	2 units	<2 units	2.5 units
<b>5-Week Course</b>	3.5 units	2.5 units	2 units	<2 units	2 units
<b>4-Week Course</b>	3 units	2 units	1.5 units	<1.5 units	1.5 units
<b>3-Week Course</b>	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

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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: <https://solano.edu/centers/veterans-resource-center/>

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) <del>-OR-</del>			
<input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

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

- \_\_\_\_\_ 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 authorize Solano Community College to **request my official Joint Service Transcripts** on my behalf.
- \_\_\_\_\_ I authorize Solano Community College to **upload my official Joint Service Transcripts** to the California Community College's MAP Database to determine if my military credit articulates into major and/or GE course credit.
- \_\_\_\_\_ 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 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 will only be certified for classes that are on my VA-approved Education Plan and will not be paid for non-approved classes.
- \_\_\_\_\_ 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 I am required to have 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 I am required to submit a copy of my **Certificate of Eligibility** for my education benefit within **one semester** of using my Education benefits. A failure to do so will result in an interruption in my Education Benefits.
- \_\_\_\_\_ I understand if I **drop any course(s)** that change 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 I am required to **contact the Regional VA Education Office** at the end of every month to verify my enrollment. A failure to do so will result in an interruption of my 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 94534  
 Office: (707) 864-7105 - Fax: (707) 646-2092  
 E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: <https://solano.edu/centers/veterans-resource-center/>

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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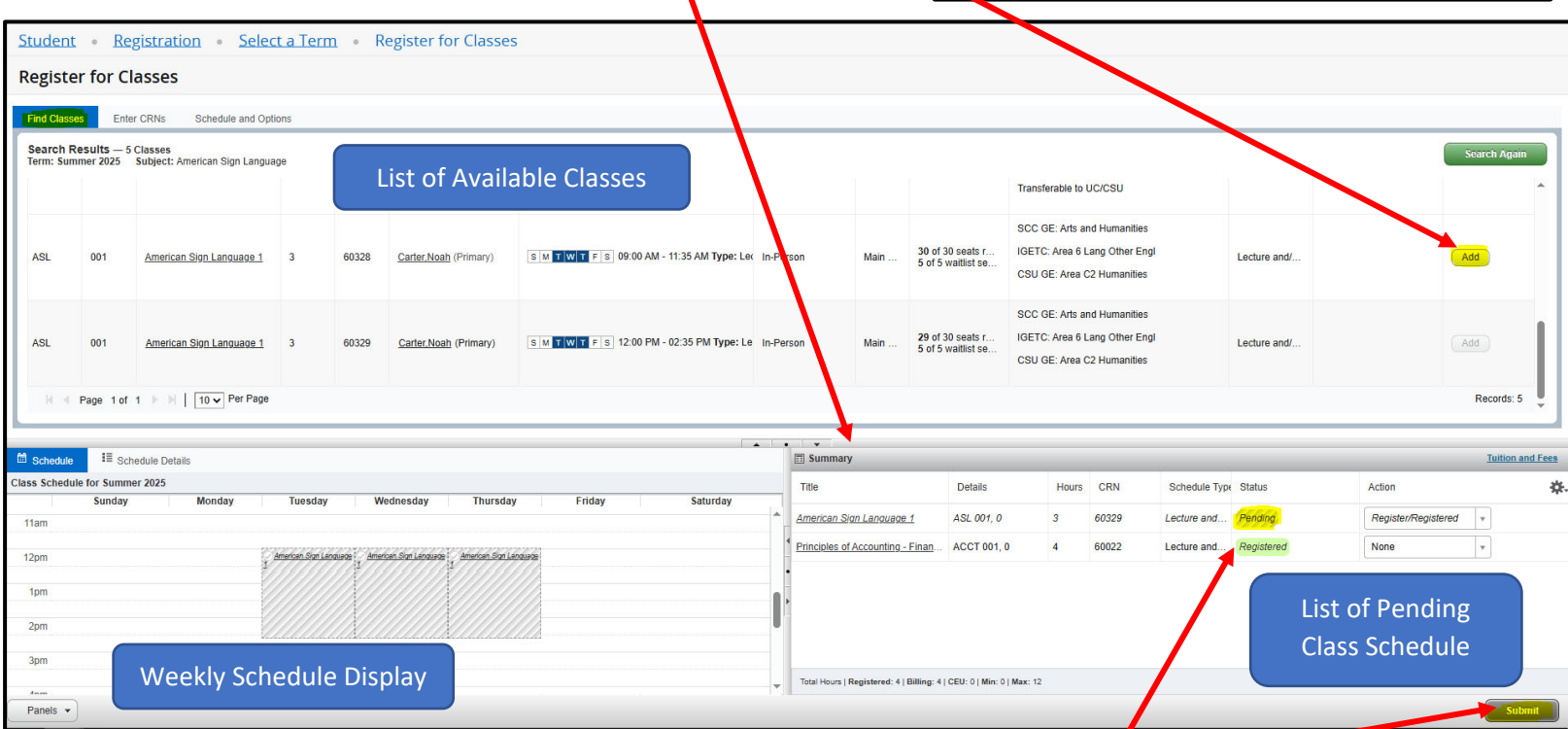
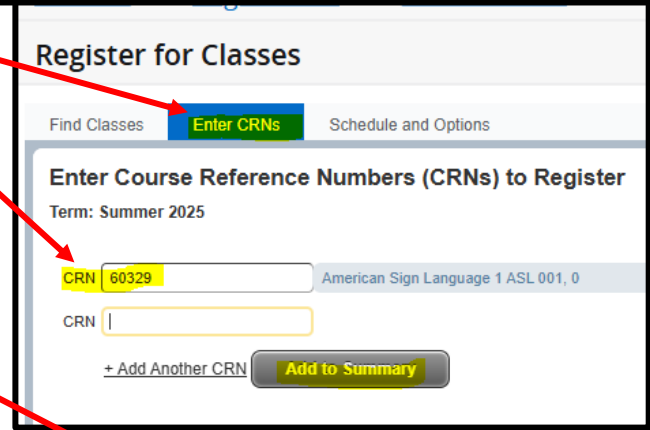
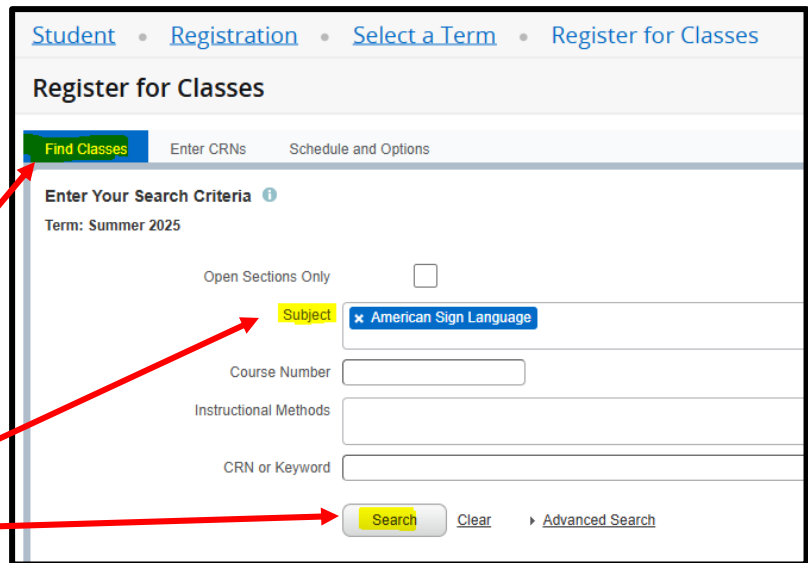
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# Register for Classes

1. Log into <https://falconnest.solano.edu/>
2. Click on the **"Student & Financial Aid"** Tab (top bar)
3. Click on yellow **"Student Self-Service"** logo.
4. Click on **"Add/Drop Classes"** in the **"Student Records"** box (top left).
5. Select the semester you are registering for
6. In the **"Find Classes"** tab you should see a Search feature in the top half, a weekly schedule display in the bottom left, and a Summary of the classes (pending schedule) on the bottom right.
7. Type or select the Subject of the course you are searching for in the **"Subject"** box and click the **"Search"** button
  - a. If you already have the 5-digit CRN for the class(es) that you want to register for, click the **"Enter CRNs"** tab at the top, enter the CRNs, and select the **"Add to Summary"** button. Proceed to step 10.
8. A list of all the classes being offered with that subject will appear in the top half of the page. Browse through the classes and find the date, time, location, and instructor that will work best for you and your schedule.
9. Click the **"Add"** button in the far-right column of the Find Classes section to add the class to your PENDING schedule.



10. Once you finalize your schedule, click on **"Submit"** in the bottom right corner.
  - a. If you don't click on **"Submit"** your schedule will not be finalized and you won't be registered for any of the classes until it displays a green **"REGISTERED"**

## Obtain your Schedule

1. Log into <https://falconnest.solano.edu/>
2. Click on the **“Student & Financial Aid”** Tab (top bar)
3. Click on yellow **“Student Self-Service”** logo
4. Click on **“Add/Drop Classes”** in the **“Student Records”** box (top left)
5. Select the semester you are registered for
6. Click on the **“Schedule and Options”** tab at the top left of the page

Student • Registration • Select a Term • Register for Classes

Register for Classes

Find Classes | Enter CRNs | **Schedule and Options**

Summary  
Term: Summer 2025

Title	Details	Hours	CRN	Schedule Type	Grade Mode	Level	Study Path	Date	Status	Message
Principles of Accounting - Financial	ACCT 001 0	4	60022	Lecture and/or discus...	Standard Letter	Undergraduate	None	04/15/2025	Registered	Register/Registered0...

Total Hours | Registered: 4 | Billing: 4 | CEU: 0 | Min: 0 | Max: 12

7. Click on the Print Icon in the top right of the page
8. Right click anywhere on the pop-up and select Print (or CTRL + P on your Keyboard)
9. When the Print screen appears, select **“Save to PDF, Microsoft Print to PDF, or Adobe PDF”** to save the page as a PDF that can be e-mailed to us as an attachment. You can also print to your default printer and then scan the schedule.

Select a destination

Search destinations

- Save as PDF
- OneNote for Windows 10
- Microsoft Print to PDF
- Computer Lab Printer http://172.16.183.3:65001
- Adobe PDF
- Follow\_You on km\_papercut

10. Save the PDF somewhere on your computer.
11. Attach PDF to an e-mail with your **Enrollment Status Form** and **Account Detail by Term (Bill)** then e-mail everything to [veterans@solano.edu](mailto:veterans@solano.edu) or bring into the Veteran’s Resource Center
12. This is what your schedule should look like:

**SOLANO COMMUNITY COLLEGE**

**Summer 2025 Schedule**

Classification: Other Undergraduate Level: Undergraduate  
College: Career Technical Education Major: CIS: Comp Science (AS-T)  
Department: Computer Information Science

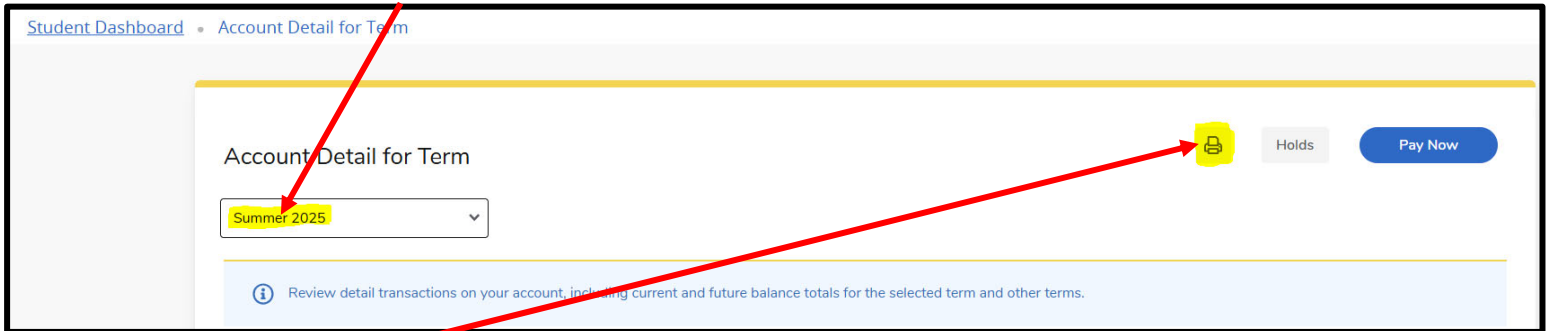
Title	Course Details	Credit Hours	CRN	Meeting Times
Principles of Accounting - Financial	ACCT 001 0	4 0	60022	06/09/2025 - 08/01/2025 Monday, Tuesday, Wednesday, Thursday, Friday Main Campus - Fairfield, On Line Course Beam, Erica

Total Hours | Registered: 4 | Billing: 4 | CEU: 0

This is a general view of your term schedule. Download your schedule for a weekly view.

## Obtain your Bill

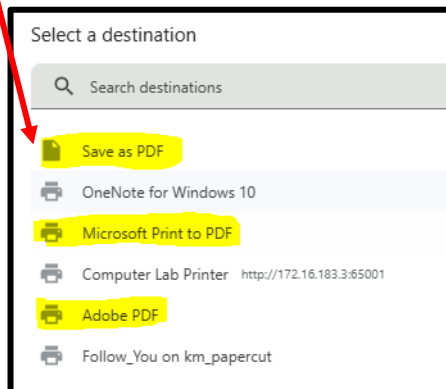
1. Log into <https://falconnest.solano.edu/>
2. Click on the **“Student & Financial Aid”** Tab (top bar)
3. Click on yellow **“Student Self-Service”** logo
4. Click on **“Account Detail by Term”** in the **“Student Records”** box (top left)
5. Select the semester you are registered for



1. Click on the **Print** icon in the top right of the page

2. Right click anywhere on the pop-up and select Print (or CTRL + P on your Keyboard)

3. When the Print screen appears, select **“Save to PDF, Microsoft Print to PDF, or Adobe PDF”** to save the page as a PDF that can be e-mailed to us as an attachment. You can also print to your default printer and then scan the schedule.



4. Save the PDF somewhere on your computer.
5. Attach PDF to an e-mail with your **Enrollment Status Form and Schedule** then e-mail to [veterans@solano.edu](mailto:veterans@solano.edu) or bring into the Veteran’s Resource Center
6. This is what your schedule should look like:

Detail Code	Description	Charge	Payment
FENR	Enrollment Fee	\$184.00	
FHLT	Health Fee	\$8.00	
FSRF	Student Representation Fee	\$2.00	
FSTA	Transportation Fee	\$4.00	
8008	CCPG/BOGFW B ISIR		\$184.00
<b>Total</b>		<b>\$198.00</b>	<b>\$184.00</b>

Net Term Balance	\$14.00
Net Balance for Other Terms	\$0.00
Current Amount Due as of 06/09/2025	\$14.00
Account Balance	\$14.00

Authorized Financial Aid as of 06/09/2025

Authorized Financial Aid Balance	\$0.00
Current Due net of Authorized Financial Aid	\$14.00
Account Balance net of Authorized Financial Aid	\$14.00


Memos as of 06/09/2025

Memo Balance	\$0.00
Current Due net of Authorized Financial Aid and Memos	\$14.00
Account Balance net of Authorized Financial Aid and Memos	\$14.00

# Complete an Enrollment Status Form

1. Visit the VRC Website: <https://solano.edu/centers/veterans-resource-center/forms.php>
2. Right click on **“Enrollment Status Form”**
3. Select **“Save Link as...”** and save the PDF somewhere on your computer
4. Open the PDF that you just downloaded using Adobe Acrobat Reader
  - a. If you don’t already have Adobe Acrobat Reader, you can get it for free from <https://get.adobe.com/reader/> make sure you **deselect** the optional **“More add-ons”** on the website before you download and install Adobe Acrobat Reader.

5. Ensure that the Enrollment Status Form that you’re completing is dated 9/30/2025 or later in the bottom right corner next to **“Form Revision Date”**
6. Complete the Gray-Blue areas that indicate the form is electronically fillable
7. Save the PDF and e-mail it to [veterans@solano.edu](mailto:veterans@solano.edu) along with your **schedule and account detail by term**. You can also bring them into the Veterans Resource Center.



**SOLANO**  
COMMUNITY COLLEGE

**Enrollment Status 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](mailto:veterans@solano.edu) Website: <https://welcome.solano.edu/vrc-homepage>

If you don't submit a schedule/bill with this form, your paperwork will not be processed.

---

Full Name: John Doe

Last 4 SSN: 1234

Student ID: 10691111

Term to be certified:  Spring 2026  Summer 20  Fall 20

Benefit:  CH30  CH31  CH33 Veteran  CH33 Dependent  CH35  CH1606  Fry Scholarship

Are you utilizing Solano College ASC (Accessibility Services Center)?  Yes  No

Has your contact information changed recently (If Yes, update below)?  Yes  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
MATH 020	4					
CHEM 001	5					
MUSC 013	3					
Total Units: 12			Total Units:			

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

JD  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.

JD  I authorize Solano Community College to request my official Joint Service Transcripts on my behalf.

JD  I authorize Solano Community College to upload my official Joint Service Transcripts to the California Community College's MAP Database to determine if my military credit articulates into major and/or GE course credit.

JD  I understand that I am required to have an Education Plan written by a VA-approved counselor prior to being certified.

JD  I understand that I am required 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.

JD  I understand that I will only be certified for classes that are on my VA-approved Education Plan and will not be paid for non-approved classes.

JD  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.

JD  I understand that I am required to have 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.

JD  I understand that I am required to submit a copy of my Certificate of Eligibility for my education benefit within one semester of using my Education benefits. A failure to do so will result in an interruption in my Education Benefits.

JD  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.

JD  I understand that if I am receiving Chapter 30, 33, or 1606 benefits, I am required to contact the regional VA Education Office at the end of every month to verify my enrollment. A failure to do so will result in an interruption of my 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. 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 John Doe

DATE 9/30/2025

Form Revision Date: 3/31/2025



## Enrollment Status 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](mailto:veterans@solano.edu) Website: <https://solano.edu/centers/veterans-resource-center/>

## **MONTHLY ENROLLMENT VERIFICATION REQUIREMENT**

**Chapter 30, 33, 35, and 1606 Beneficiaries are required to verify their enrollment hasn't changed at the end of the month to receive your monthly stipend.**

1. Call the VA monthly at 1-888-442-4551
2. Call the VA once and opt into automated monthly **text message** or **e-mail** verification
3. Online Options:
  - A. **Chapter 33– Post 9/11 GI Bill®**  
<https://www.va.gov/education/verify-school-enrollment/enrollment-verifications/>
  - B. **Chapter 30 & Chapter 1606—Montgomery GI Bill® & Selected Reserve**  
<https://www.va.gov/education/verify-school-enrollment/mgib-enrollments/>
  - C. AskVA  
<https://ask.va.gov/>

**Chapter 35—Dependents Educational Assistance** beneficiaries can only verify enrollment through phone, automated e-mail, or AskVA.

1. Call the VA at 1-888-442-4551 to opt into automated e-mail verification.
2. Upload VA Form 22-8979 to AskVA  
<https://www.va.gov/find-forms/about-form-va-form-22-8979/>

**Failure to verify your enrollment could result in the VA withholding your monthly stipend until you contact them.**

## **CH33 and CH31 IN-PERSON CLASS REQUIREMENT**

CH33 and CH31 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

## 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: <https://solano.edu/centers/veterans-resource-center/>

**Please include a schedule and account detail by term with your submission. Your paperwork will not be processed if they aren't included.**

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:			
Course(s) Added Ex: ENGL 001	Units	Office Use	Course(s) Dropped Ex: ENGL 001	Units	Today's Date	Office Use
<b>Total Units:</b>			<b>Total Units:</b>			

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

- \_\_\_\_\_ 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 authorize Solano Community College to **request my official Joint Service Transcripts** on my behalf.
- \_\_\_\_\_ I authorize Solano Community College to **upload my official Joint Service Transcripts** to the California Community College's MAP Database to determine if my military credit articulates into major and/or GE course credit.
- \_\_\_\_\_ 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 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 will only be certified for classes that are on my VA-approved Education Plan and will not be paid for non-approved classes.
- \_\_\_\_\_ 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 I am required to have 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 I am required to submit a copy of my **Certificate of Eligibility** for my education benefit within **one semester** of using my Education benefits. A failure to do so will result in an interruption in my Education Benefits.
- \_\_\_\_\_ I understand if I **drop any course(s)** that change 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 I am required to **contact the Regional VA Education Office** at the end of every month to verify my enrollment. A failure to do so will result in an interruption of my 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. 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 \_\_\_\_\_



# VA Education Beneficiary Out of State Tuition Waiver

## 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: <https://solano.edu/centers/veterans-resource-center/>

While you are attending Solano Community College and receiving VA Education Benefit such as Chapter 30—Montgomery GI Bill®, Chapter 31—Veterans Readiness & Employment, Chapter 33—Post 9/11 GI Bill®, or Chapter 35—Dependents Educational Assistance, if you are being classified as an out of state resident & being charged the out of state tuition rate, the [Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020](#) and [Colonel John M. McHugh Tuition Fairness for Survivors Act of 2021](#) allows us to change your Solano Community College residency status to reflect the in-state tuition rate.

Full Name		Last 4 SSN	
Student ID	Date of Birth		
Address	City	State	Zip
Phone	Email		

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY
<b>Petition Refers to:</b> <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____
<b>Eligibility Criteria:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<b>Eligible Benefits:</b> <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"/> Fry Scholarship
<b>Eligibility Documentation:</b> <input type="checkbox"/> VA Certificate of Eligibility <input type="checkbox"/> DD-214 <input type="checkbox"/> Tungsten PO
Veterans Resource Center Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Veterans Resource Center Director or School Certifying Official: _____
Veterans Resource Center Action: <input type="checkbox"/> Residency Changed
Veterans Resource Center School Certifying Official: _____

**Solano Community College**

**Admissions and Records**

**Request for Official Transcript Review and Unit Posting**

SCCID #:		Date of Birth:	
Last Name:			
First Name:			
Email:			
Phone:			

School(s) that you requested to have transcripts sent to Solano **FROM**:

1)			2)		
3)	4)		5)		6)

**Transfer Unit Posting – MUST have OFFICIAL transcripts on file**

- Only college level classes that were taken and passed at a regionally accredited college will be posted.
- Only **OFFICIAL** transcripts from your previous institutions can be used for evaluation.
- Transfer unit posting may take up to 8 - 10 weeks after the receipt of this form **AND** receipt of a copy of ALL official transcripts listed above.
- Requests for which we have received transcripts are processed in the order the Request for Transcript Review was received.
- If you submit this form to us prior to our receiving your transcript(s) from another school(s), we will hold it for no more than one year.
- If you recently requested to have transcripts sent to us from another school for evaluation, in order for us to take any action you **MUST** be enrolled at Solano **AND** have submitted this form.
- Transcripts received without a request for evaluation and unit posting will not be evaluated.

**I agree with the above guidelines and wish to have my units reviewed and transferred.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

LAST NAME

FIRST NAME

OFFICIAL USE ONLY

SCCID #

# CalVet College Fee Waiver Program (CVFW)

## 1. Completed application (DVS 40) signed by student and veteran.

- If you are applying for Plan A, you will need to complete VSD-020 (attached)
- If the veteran is unable to sign the DVS-40, you will need to complete VSD-021 (attached)

## 2. Verification of student's income for previous year \*not required for Plan A applicants\*

- First two pages of IRS Form 1040 with second page signed -OR-
- Individual Status Letter from CA Franchise Tax Board or Non-Filing Letter from IRS (see below)

## 3. Student's birth certificate (not required if you are reapplying)

- **Adopted:** A copy of the court ordered adoption papers
- **Stepchild:** A copy of the marriage certificate between your parent and stepparent

## 4. Verification of veteran's Service-Connected disability (not required if you are reapplying)

### CVFW Application Submission

Submit all required documents to the Solano County Veterans Service Office:

Solano County Veterans Service Office		
<a href="mailto:CalVetFeeWaivers@solanocounty.gov">CalVetFeeWaivers@solanocounty.gov</a>	675 Texas Street, Suite 4700 Fairfield, CA 94533	<b>Phone:</b> 707-784-6590 <b>Fax:</b> 707-784-0927
Application can also be completed online with required documents above being uploaded during application: <a href="https://www.solanocounty.gov/government/veterans-services/calvet-college-fee-waiver-program">https://www.solanocounty.gov/government/veterans-services/calvet-college-fee-waiver-program</a>		

**Deadline:** The deadline to submit 2026-2027 CalVet Fee Waiver Authorization Letters to the Solano College Veterans Resource Center is June 30th, 2027, by 11:59 PM.

### What happens next?

The Solano County Veterans Service Office will review your application and documents. Once approved they will email the authorization letter to the student. It is the student's responsibility to contact the Veteran office on campus with their acceptance letter.

### Important Notes:

- The CalVet Fee Waiver only covers a single academic year until you will need to reapply again. For example, the 2026-2027 Academic Year covers Summer 2026, Fall 2026, and Spring 2027.
- The CalVet Fee Waiver only covers the cost of tuition (Listed as Enrollment Fee on your billing details).
- The student's AGI (line 11 of 1040 Tax form) and annual value of support from parent CANNOT exceed the California State poverty limit which is approximately \$22,941 for Plan B of the CalVet College Fee Waiver.

### If you did not file a tax return (IRS Form 1040):

Obtain an Individual Status Letter from the Franchise Tax Board (FTB) or a Non-Filing Letter from the Internal Revenue Service (IRS) for the 2025 Calendar Year.

The FTB will not provide an Individual Status Letter until after tax season ends (usually April 15th) and the IRS will not provide a Non-Filing Letter until mid-June or later.

- 1) **FTB Website:** <https://webapp.ftb.ca.gov/ssa/ISL/facelets/IndividualStatusLetterHome.xhtml> p
- 2) **IRS Website:** <https://www.irs.gov/individuals/get-transcript>
- 3) E-mail the FTB: [ftbindividualstatusletter@ftb.ca.gov](mailto:ftbindividualstatusletter@ftb.ca.gov)
- 4) Go to the FTB: 3321 Power Inn Rd, Sacramento, CA 95826
- 5) Go to the IRS: 4330 Watt Ave, Sacramento CA 95821

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## COLLEGE FEE WAIVER PROGRAM FOR VETERAN DEPENDENTS

PLEASE READ THE INSTRUCTIONS AND INFORMATION CONTAINED ON THE REVERSE SIDE



### 1. STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: Married  Single

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Student E-mail: \_\_\_\_\_

STUDENT'S relationship to veteran in Section III below: Adopted Child  Biological Child  Step Child  Spouse  Surviving Spouse

VA EDUCATIONAL BENEFITS UNDER CHAPTER 35: Are you ELIGIBLE to receive? YES  NO  Currently receiving? YES  NO

ADJUSTED GROSS INCOME (AGI) of student from last year (January 1st through December 31st): \$ \_\_\_\_\_

**\*NOTE:** Refer to "Who May Apply Under Plan B" on the next page for required statements if you entered zero and AGI and Annual Value of Support.

ANNUAL VALUE OF ANY SUPPORT RECEIVED FROM PARENT: \$ \_\_\_\_\_

**\*NOTE:** Examples of support include, but are not limited to: college housing, transportation, books, school supplies, medical care etc. Under plan B, the total amount of the child's AGI and value of support, as listed above, cannot exceed the "[state poverty level](#)" as published in the resident requirement filing found on the Franchise Tax Board website.

### 2. SCHOOL INFORMATION

CALIFORNIA COLLEGE or UNIVERSITY you are attending or plan to attend: \_\_\_\_\_

ACADEMIC YEAR for which you are requesting waiver of tuition/fees: \_\_\_\_\_

### 3. VETERAN INFORMATION

Name Served Under: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SS# / VA Claim #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Active Duty Service FROM: \_\_\_\_\_ UNTIL: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ VETERANS E-mail: \_\_\_\_\_

If the veteran is alive, current percentage of service-connected disability adjudicated by the military or USDVA: \_\_\_\_\_ %

If the veteran is deceased, was the death "service-connected", or did the veteran have a service-connected disability at the time of death? YES  NO

I hereby certify under penalties of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining educational benefits and is true, correct, and complete. I authorize the California Department of Veterans Affairs (CalVet) employees, officers, and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs, Department of Defense, Internal Revenue Service, and the Franchise Tax Board, to release information regarding my service-connected disability rating and/or income to CalVet with the understanding that the department will keep such information confidential. I hereby authorize the release of my CalVet College Fee Waiver Program for Veterans Dependents award letter to the College or University for which I am applying. I understand that educational benefits may be denied or found to be my responsibility to repay if any information is found to be false, intentionally incomplete, or misleading.

Signature of VETERAN: \_\_\_\_\_ Date: \_\_\_\_\_

(If veteran is unable to sign, parent/veteran spouse must complete and attach a VSD-021)

Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

## BENEFITS

Waiver of all mandatory system wide tuition and fees at any State of California Community College, Campus of the University of California, or Campus of the California State University system.

## WHO MAY APPLY?

1. **Students must meet the California residency requirements as determined by the college they will attend.**
2. **Students who meet the requirements of at least one of the following plans:**

**PLAN A:** The *spouse, unmarried child, or unmarried surviving spouse* of a veteran who is totally service-connected disabled (rating must have occurred prior to the child's 21st birthday) or who has died of service-related causes, may qualify. The veteran must have served during a period of war declared by Congress, or been awarded a Campaign or Expeditionary Medal. This program does not have an income limit. A child must be under 27 years of age to receive the fee waiver benefit. The age limit is extended to 30 years of age if the child is a veteran. There are no age limits for a spouse, unmarried surviving spouse or RDP. **\*NOTE:** A dependent cannot receive this benefit if they are in receipt of VA Chapter 35 benefits.

**OR,**

**PLAN B:** The *child* (no age limit) of a veteran who has a service-connected disability, or had a service-connected disability at the time of death, or who died of service-related causes, may also qualify for a waiver. The child's income, which includes the student's **ADJUSTED GROSS INCOME, PLUS THE VALUE OF ANY SUPPORT** received from a parent, *cannot exceed the "state poverty level" as published by the Franchise Tax Board on December 31st of last year.* **\*NOTE:** This figure changes annually. To obtain the applicable state poverty level, contact your local County Veterans Service Office (CVSO). In cases where the DVS 40 reports \$0 AGI & \$0 Value of Support, a certified statement must be completed which explains how the student affords to attend college and supports themselves.

**OR,**

**PLAN C:** Any dependent or unmarried surviving spouse of a member of the California National Guard who was killed, permanently disabled or died of this disability that resulted from activation under Military and Veterans Code Section 146.

**OR,**

**PLAN D:** Available to Medal of Honor (also known as Congressional Medal of Honor) recipients and their children.

## HOW TO APPLY:

1. This form must be fully completed and signed by the student and the veteran. If a question does not apply, write "N/A". If veteran is unable to sign, parent/ veteran spouse must complete and attach a VSD-021.
2. A child, under PLAN B, must submit either a student-**SIGNED** copy of their federal income tax form 1040 or state income tax form 540, from "Last Year" or, if a child does not have a copy of their income tax, or if a child did not file a return, they must submit a statement from the Internal Revenue Service (800-829-1040) or the Franchise Tax Board (800-852-5711) which **must verify the amount of Adjusted Gross Income** or the fact that a return was not filed. **\*NOTE:** CURRENT ACADEMIC YEAR ENTITLEMENT IS BASED UPON LAST YEAR'S ADJUSTED GROSS INCOME AND VALUE OF SUPPORT FROM PARENT.
3. If you are a child of a veteran, **you must attach a Verification of Dependency.** Acceptable verifications include, government-issued birth certificates, adoption records, and marriage certificates. Those seeking status as an Adopted Child or as a Stepchild must have entered into such status prior to the child's 23rd birthday.

## WHEN TO APPLY:

You should apply for these benefits prior to attending school. Benefits are awarded on an academic year basis and students are required to reapply each year for ongoing benefits. NOTE: The earliest effective date fee waiver benefits may be awarded is the first day of the academic year in which an application is received.

## WHERE TO APPLY:

To obtain an application, additional information and to apply for benefits under this program, contact your local County Veterans Service Office at: [www.cacvso.org](http://www.cacvso.org) If eligibility criteria are met, use of the CalVet College Fee Waiver for Veterans Dependents may be applied to state-supported programs in the CCC, CSU, and UC systems. Some academic programs at these institutions that are considered self-supported, commonly referred to as extension courses or extended education are not covered under the CalVet College Fee Waiver program because these courses, degrees, and certificates are neither funded by the state nor are they system-wide programs. **Veteran dependents applying for this waiver should research residency requirements and specific academic programs thoroughly before applying to the college or university.**

**TO LEARN MORE ABOUT THE BENEFITS YOU HAVE EARNED,**

**VISIT:** [www.cacvso.org](http://www.cacvso.org) or [www.calvet.ca.gov](http://www.calvet.ca.gov)

## PRIVACY NOTIFICATION

Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is voluntary and will be used for the purposes of identification and to determine eligibility for benefits under the provisions of Education Code Section 66025.3. The program is administered by: Deputy Secretary, Veterans Services Division, 1227 "O" Street, Sacramento, CA 95814. Failure to provide requested information will result in the delay or denial of benefits. Individuals may review available personal records during normal business hours. Appeals of denied benefits shall be filed with the Veterans Services Division (note address above) and must be in writing, stating the reasons the benefits should be granted, and filed within 90 days after the date of the "letter of denial."

**DEPARTMENT OF VETERANS SERVICES**

**ALFRED SIMS**  
Director



**SOLANO  
COUNTY**

675 Texas Street, Suite 4700  
Fairfield, CA 94533-6338  
(707) 784-6590  
Fax (707) 784-0927

[www.solanocounty.com](http://www.solanocounty.com)

**VSD-020 - Election to Receive CalVet College Fee Waiver Benefits  
Plan A in lieu of Chapter 35 Benefits  
CalVet College Fee Waiver for Veteran Dependents**

ACADEMIC YEAR 2026-27

I understand that state law, specifically the Military and Veterans Code, Section 896.1, prohibits me from receiving State of California Department of Veterans Affairs (CalVet) college fee waiver benefits under Plan A if I am in receipt of United States Department of Veterans Affairs (USDVA) Dependents Education (Chapter 35) benefits.

I understand that if I apply for and receive USDVA Chapter 35 benefits, after being awarded CalVet college fee waiver benefits under Plan A for the same period, my CalVet college fee waiver benefits will be revoked retroactively, my college will be notified of actions taken, and that I shall be held financially responsible for any associated fees waived.

Understanding the above, I elect to receive CalVet college fee waiver benefits under Plan A, and certify under penalties of perjury, that I am not currently nor will I apply and receive USDVA Chapter 35 benefits for AY 2026-27.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

