



Veterans Affairs Center
4000 Suisun Valley Road, Fairfield, CA 94534
Phone #: (707) 864-7105 Fax #: (707) 646-2092
Email: veterans@solano.edu

Chapter 1607 New Student Enrollment Checklist

HAVE YOU EVER USED YOUR BENEFIT BEFORE? Yes/No

SCC Campus To Do List:

- ☐ **Complete** Application for Admission via Online (www.solano.edu)
Required Prior to appointment with Veterans Counselor
- ☐ **Obtain** Username, Password, & SCC email address
- ☐ **Request** Transcripts from Military and/or previous school(s) to be sent to Admissions and Records
Unofficial Transcripts needed for appt. with Veterans Counselor
- ☐ **Take** the English and Math Assessment/Complete the Online or In Person Orientation.
** Required prior to appt. with Veterans Counselor. Not needed if English and/or Math course(s) were taken at another college**
- ☐ **Schedule** an appointment with the SCC Veteran Affairs Center to meet with a VA Counselor for an Education Plan (Required in order to receive Veterans Education Benefits)
- ☐ **Establish** Priority Registration - Submit DD-214 or proof of service to the Veterans Affairs Center
- ☐ **Register** for classes
- ☐ **View/Print** your Schedule
- ☐ **Apply** for Financial Aid (<http://www.fafsa.ed.gov>)
Recommended

Your SCC Veterans Center To Do List: **Complete and Submit**

- ☐ **Complete** GI Bill Application for Education Benefits at www.gibill.va.gov.
 - VA Form 22 – 1990 - Never used benefits before (Print copy with confirmation for records.)
 - VA Form 22 – 1995 – Previously used benefits (Print copy with confirmation for records.)
- ☐ **Kicker** Paperwork (If applicable)
- ☐ **DD-214** (member 4 copy – Prior Service)
- ☐ **Copy** of Certificate of Eligibility (Once you have received it from VA)
- ☐ **Complete** Student Obligation Form
- ☐ **Copy** of Schedule and Bill (Printed from MySolano Acct. under Student Tab)
- ☐ **Complete** Enrollment Status Form
- ☐ **Complete** Evaluation of Military Credit Form (If applicable)
- ☐ **Apply** for Tuition Assistance (If applicable)

**** Submit copy of Certificate of Eligibility when received if not available at time of New Student Packet Submission****



Transcript and Student Obligation Form

Veterans Affairs Center 4000 Suisun Valley Road, Fairfield CA, 94534-3197

Office: (707) 864-7105 Fax: (707) 864-7220

NAME: _____ SCC ID#: _____ Last four of SSN: _____

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

OFFICE USE ONLY

LIST PRIOR COLLEGES FOR TRANSFER OF CREDITS	APPROXIMATE UNITS	ON FILE	DATE P/C SENT	INIT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT OBLIGATIONS:

_____ 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 a Status Form with the Solano Community College, Veterans Affairs 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 Affairs 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, or Chapter 1607 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/default.cfm>)

_____ I authorize any staff member in the Solano Community College, Veterans Affairs Center to discuss my case with any US Department of Veterans Affairs Representative.

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 _____

White Copy: VA Office Yellow Copy: Student



Enrollment Status Form

Veterans Affairs Center 4000 Suisun Valley Road, Bldg 400 Rm 429 Fairfield, Ca 94534 – 3197
Office: (707) 864-7105 Fax: (707) 646-2092 Email: Veterans@solano.edu

Name		SSN		Student ID	
Address		City		State	Zip
VA File # (If dependent)		Phone		Email	

Term to be certified: ☐ Spring 20____ ☐ Summer 20____ ☐ Fall 20____

Benefits: ☐ Ch 30 ☐ Ch 31 ☐ Ch 33 Vet ☐ Ch 33 Dep ☐ Ch 35 ☐ Ch 1606 ☐ Ch 1607

(If dependent, are you: Spouse or Child)

Courses Added (e.g. Engl 001)	Units	Office Use	Course Dropped	Units	Today's Date	Office Use
	Total			Total		

Advance Payment (**Ch 30, 31, 35, 1606 & 1607 ONLY**): Do you want advance payment of benefits? ☐ Yes ☐ No

(Advance Payment Requirements: There's more than **30 days** between terms and break pay won't be paid, **and** the student is enrolled at least halftime, **and** the VA receives the advance payment request at least **30 days** but not more than 120 days before the enrollment period.)

Read and Initial:

_____ 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 a Status Form with the Solano Community College, Veterans Affairs 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 Affairs 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, or Chapter 1607 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/default.cfm>)

_____ I understand that if I am enrolled in a variable unit course, I will only be paid for 1 unit through the end of the term. Once the grade is posted for all completed units, I will receive back pay from the first day of the semester.

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 _____



Veterans Education Benefit Monthly Pay Rate Effective October 1, 2013

Veterans Affairs Center 4000 Suisun Valley Road, Fairfield CA, 94534-3197
Office: (707) 864-7105 Fax: (707) 646-2092

Chapter 30 (3 years or more of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,648	\$1,236	\$824	Tuition & Fees only
Chapter 30 (Less than 3 years of Service)				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1,339	\$1,004.25	\$669.50	Tuition & Fees only
Chapter 31				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate No Dependents	\$594.47	\$446.67	\$298.88	N/A
One Dependent	\$737.39	\$553.85	\$370.30	N/A
Two Dependents	\$868.96	\$649.68	\$435.27	N/A

Add for additional dependents Full-time=\$63.34, 3/4 time=\$48.71 & ½ time=\$32.50

Chapter 32				
CHAPTER 32 PAY RATE IS DETERMINED ON A CASE BY CASE BASIS.				

Chapter 33													
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 \$1623/mo and you are enrolled in 9 units you would use 1623 x .8)													
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				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$1003	\$752	\$499	Tuition & Fees only
Chapter 1606				
Enrollment Status	Full-Time	¾ Time	½ Time	Less than ½ time
Monthly Rate	\$362	\$270	\$179	\$90.50

Chapter 1607				
Enrollment Status	Full-Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less Than $\frac{1}{2}$ time
Monthly Rate for service of 2 years or more	\$1,318.40	\$988.80	\$659.20	Tuition & Fees only
Service of 1 year but less than 2 years	\$988.80	\$741.60	\$494.40	Tuition & Fees only
Service of 90 days but less than 1 year	\$659.20	\$494.40	\$329.60	Tuition & Fees only

ACCELERATED COURSE PAY RATE FOR SEMESTER TERMS

All Chapters					
Enrollment Status	Full-Time	$\frac{3}{4}$ Time	$\frac{1}{2}$ Time	Less than $\frac{1}{2}$ 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 units	<1 units	1.5 units

**** Calculations based on: (# Credits \times 18 \div weeks = credit hour equivalents) with 6 being $\frac{1}{2}$ time. ****