

# ADVANCE PAYMENT REQUEST

**Note: Chapter 33 (Post 911) and Chapter 31 (Voc Rehab) is not eligible for Advance Payment.**

I, the undersigned veteran student, request that the certifying official at Vernon College submit the necessary documentation to request an advance payment of education benefits for the designated term of enrollment. **I further understand a request for advance payment will not be submitted any later than 60 days prior to the first day of the term.**

I understand the Department of Veteran Affairs will advance payment covering the first partial month of enrollment and the entire second month of enrollment. I will not receive another payment until I have completed the third month of enrollment.

**In the event an advance payment is not received by Vernon College prior to registration, I understand that I must make payment from my own or other resources if I choose to proceed with the registration process.**

**I further understand if I abuse the privilege of receiving advance payment by not making payment for my enrollment costs, writing insufficient checks, or otherwise delaying payment of funds due to Vernon College I will no longer be eligible to receive advance payment at Vernon College.**

\_\_\_\_\_  
Student Name – Please Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Semester for which advance payment is requested: \_\_\_\_\_

Semester start date: \_\_\_\_\_