

LARAMIE COUNTY COMMUNITY COLLEGE VETERANS DATA CARD

Name (Last, First, M.I.)		Please indicate your starting semester:	
Student ID Number	Social Security Number	Date of Birth	
Street Address	City	State	Zip Code
Home Phone		Cell Phone	
Student Email Address (LCCC will only email you information to your student email account)		@student.lccc.wy.edu	
Program of Study		Degree Type	
		<input type="checkbox"/> AA <input type="checkbox"/> AAS <input type="checkbox"/> AS <input type="checkbox"/> Certificate/Credit Diploma	
Educational Benefit Applying For: (Please Check One)			
	Chapter 33 (Post-9/11 GI Bill) VETERAN		
	Chapter 33 (Post-9/11 GI Bill) TRANSFER OF ENTITLEMENT**		
	Chapter 30 (Montgomery GI Bill)		
	Chapter 35 (Dependent or Spouse of deceased or 100% disabled veteran**)		
Please provide the claim number or the veteran's SSN:			
	Chapter 1606 (Active Reserve or National Guard)		
	Chapter 1607 (REAP)		
	Chapter 31 (VA Vocational Rehabilitation)		
Certification Status (Please Check One)			
	First Time – "I have never used my education benefits and would like to begin using them."		
	Continuing – "I have attended and used my benefits at LCCC, but have changed my program of study."		
	Reinstating – "I have attended and used my benefits at LCCC, but have been out of school for a year or more."		
	Transferring – "I have used my benefits at a different school and want to transfer to LCCC."		
Please check if you will be using any of these additional funding sources:		<input type="checkbox"/> Guard Tuition Assistance <input type="checkbox"/> Overseas Combat <input type="checkbox"/> MyCAA <input type="checkbox"/> DVR <input type="checkbox"/> Other "Tuition Only" Source, i.e., scholarship	
Indicate Branch of Service:		<input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Army	
Check any that apply:		<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse** <input type="checkbox"/> Dependent**	

***For those using parent's/spouse's education benefits, please list entry date and, if applicable, exit date of service*

Student Signature	Date