

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
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)			
<input type="checkbox"/> Chapter 33 (Post-9/11 GI Bill) VETERAN			
<input type="checkbox"/> Chapter 33 (Post-9/11 GI Bill) TRANSFER OF ENTITLEMENT**			
<input type="checkbox"/> Chapter 30 (Montgomery GI Bill)			
<input type="checkbox"/> Chapter 35 (Dependent or Spouse of deceased or 100% disabled veteran**)			
Please provide the claim number or the veteran's SSN:			
<input type="checkbox"/> Chapter 1606 (Active Reserve or National Guard)			
<input type="checkbox"/> Chapter 1607 (REAP)			
<input type="checkbox"/> Chapter 31 (VA Vocational Rehabilitation)			
Certification Status (Please Check One)			
<input type="checkbox"/> First Time – "I have never used my education benefits and would like to begin using them."			
<input type="checkbox"/> Continuing – "I have attended and used my benefits at LCCC, but have changed my program of study."			
<input type="checkbox"/> Reinstating – "I have attended and used my benefits at LCCC, but have been out of school for a year or more."			
<input type="checkbox"/> 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