Chapter 33 Payment Responsibilities

Please PRINT NAME ____________________________________________ Helena College Student ID Number

TUITION and FEES:

- If I stop attending, drop, or withdraw from classes, I may be responsible for repayment of VA benefits, including monthly housing allowances, book stipends, and tuition and fees to the Veterans Administration and/or Helena College.

- The ultimate responsibility for payment of tuition, fees, and books is my responsibility. There will be a hold placed on MyHC account preventing me from accessing my transcripts and allowing me to register for any further terms until all my financial obligations to the college for the current term are met.

- The Veteran’s Administration will pay a percentage of tuition and fee costs directly to the college. The percentage is based on the time spent on active duty after September 10, 2001. The number checked below is what I am eligible for under Chapter 33. (Please estimate if you have not yet received a Certificate of Eligibility from the VA.)

  ____40%   ____50%   ____60%    ____70%    ____80%    ____90%     ____100%

- The actual cost for in-state tuition and fees are reported to the VA AFTER the application of any waiver, scholarship, aid, or assistance (other than loans and funds provided under section 401(b) of the Higher Education Act of 1965), provided directly to the institution and specifically designated for the sole purpose of defraying tuition and fees.

HOUSING ALLOWANCE:

- The amount of the housing allowance is paid directly to me from the Veterans Administration.

BOOK STIPEND:

- The book stipend will be paid directly to me from the Veterans Administration and will be based on my benefit percentage and the number of credit hours I take.

NOTE: Be prepared to pay for books/tools at the beginning of the semester. The VA may not process your certification until after the semester begins. You may qualify for a book/tool voucher if you are eligible for financial aid. Please see the Business Office for voucher assistance.

By signing below, I understand and accept my payment responsibilities.

__________________________________________________________________

_________________________  ________________________  ________________________
Sign here                  Date                          Phone Number