

VETERANS ENROLLMENT FORM

Name: _____ Date: _____

SSN: _____ CLC ID: _____

Home Phone: _____ Alternate: _____

Term (check one) Fall____ Spring____ Summer____

* Which grant do you receive? (Check one)

***If you have not utilized your grant at the College of Lake County in the past Academic year, please provide us with a copy of your award letter.**

IL Veterans Grant

MIA/POW Grant

National Guard**

**National Guard Grant recipients must turn in a new award letter yearly.

Are you a current recipient of the Montgomery GI Bill? Yes____ No____

If yes, please complete a Veterans Data Card.

Signature: _____ Date: _____

PLEASE NOTE: Illinois Veterans Grant, National Guard and MIA/POW programs do NOT cover Course Fees or Lab Fees.

SCHOOL USE ONLY

- | |
|--|
| <input type="checkbox"/> Confirm College Zone Date _____ |
| <input type="checkbox"/> Meeting SAP 2.0 Date _____ Comment Date _____ Letter Date _____ |
| <input type="checkbox"/> Tuition & comp fees Total _____ |
| <input type="checkbox"/> Award Posted Date _____ |
| <input type="checkbox"/> Flip Veterans Flag in Packaging Variables |
| <input type="checkbox"/> Posted by _____ |