



Career Recruit Training Program Veterans Affairs Education Benefits

To receive veterans' education benefits, a veteran must contact the VA and request a 'certificate of eligibility' or a 'statement of eligibility'. This certificate/statement should be forwarded with a completed VA Enrollment Certification form to the School Certifying Official at the email address below before the first day of class or you may bring it with you on the first day of class and give it to the Recruit Coordinator to forward.

The only items that should be completed on the VA enrollment form are #1, #2 (if applicable), #3, and #4. The School Certifying Official will submit the VA Enrollment Certification form to the VA on behalf of the veteran. Benefits cannot be received without the eligibility form.

Submit by the first week of class to receive benefits in a timely manner.

If you have any questions, please contact Joanne.Gardiner1@mass.gov, School Certifying Official.

NOTE: Tear off and read the Instruction and Certification Sheet before completing the form.

OMB Control No. 2900-0073
Respondent Burden: 10 minutes
Expiration Date: 06/30/2021



Department of Veterans Affairs

Side

A

VA ENROLLMENT CERTIFICATION

IMPORTANT: Side A is for Institutions of Higher Learning or schools offering non-degree training.

1. NAME OF STUDENT (First, Middle, Last)		2. VA FILE NO. (E.I.J.:...mnprer 35, include suffix. For Transfemibility cases, emer tl,e veteran's social security n111nbe1)	
3. CURRENT ADDRESS OF STUDENT		4. SOCIAL SECURITY NUMBER OF STUDENT ([110]entered in Item 2)	
5. TYPE OF TRAINING ☐ UNDERGRADUATE COLLEGE DEGREE ☐ GRADUATE OR ADVANCED PROFESSIONAL ☒ NON-COLLEGE DEGREE		6. A. NAME OF PROGRAM BASIC FIREFIGHTER COURSE 6. B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) ☒ YES ☐ NO 6. C. IS PARENT SCHOOL LETTER ON FILE? ☒ YES ☐ NO 7. YELLOW RIBBON RECIPIENT YES NO	

ENROLLMENT DATA

8. A. LOCATION(S) ZIP CODE	9. COURSES TAKEN					10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. YELLOW RIBBON PROGRAM	13. TRAINING TIME (Graduate or Advanced Professional Program)
	8. B. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		CREDIT HOUR COURSE(S) NON-CREDIT						
	BEGIN	END	TAKEN IN-RESIDENCE	TAKEN BY DISTANCE	REMEDIAU DEFICIENCY/ LEARNING REFRESHER				
			A. HOURS	B. HOURS	C. HOURS	HOURS	TUITION AND FEES	A. AMOUNT	B. OUT OF STATE CHARGES

14. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)	B. FARM CO-OP ONLY (Is student pursuing course concurrently with, substantially full-time agricultural employment averaging at least 40 hours per week?) ☐ YES ☐ NO
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ADVANCE PAYMENT REQUEST - Note: Advance a ment is not accelerated pa ment. See S ecial Instructions.

(REQUEST AN ADVANCE PAYMENT) ▶	15. A. SIGNATURE OF STUDENT (Sign in ink)	15. B. DATE SIGNED
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ACCELERATED PAYMENT REQUEST

(Note: Accelerated payment is not advance payment.) (See Special Instructions.)

I am requesting an accelerated payment under either chapter 30, 1606, or 1607. If I am requesting payment under chapter 30, I certify I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Opto-electronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

(REQUEST AN ACCELERATED PAYMENT (All Chapters)) ▶	16. A. SIGNATURE OF STUDENT (Sign in ink)	16. B. DATE SIGNED
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17. REMARKS

NOTE - Complete Item 18 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 19B. Do not complete Item 18 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).

18. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION
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CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.

19. A. FACILITY CODE	19. B. SCHOOL NAME AND ADDRESS MASSACHUSETTS FIREFIGHTING ACADEMY
19. C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL 978-567-3226	19. D. SIGNATURE OF CERTIFYING OFFICIAL (Sign in ink) 19. E. DATE SIGNED