Department of Fire Services
Massachusetts Firefighting Academy

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!JJ:..mnprer 35. include suffix. For Transfembility cases. emer tl,e veteran's social security n111nbe1)*

3. CURRENT ADDRESS OF STUDENT

4. SOCIAL SECURITY NUMBER OF STUDENT *(/[1101entered in Item 2)*

5. TYPE OF TRAINING
- ☐ UNDERGRADUATE COLLEGE DEGREE
- ☐ GRADUATE OR ADVANCED PROFESSIONAL
- [gj NON-COLLEGE DEGREE
- ☐ FARM COOPERATIVE
- 0 HIGH SCHOOL
- ☐ COOPERATIVE *(Not Farm)*
- ☐ GUEST STUDENT *(S11ppleme111al School)* *(Complete Item 6. C.)*

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 aegree seeking st11dem)*
0 YES O NO

6. C. IS PARENT SCHOOL LETTER ON FILE?
0 YES O NO

7. YELLOW RIBBON RECIPIENT
YES NO

ENROLLMENT DATA

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

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

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS *(£mer the numher ofhigl, school units.for wl,icl, the s111de111 is enrolled)*

B. FARM CO-OP ONLY *(ls studem pursuing course concurrently wit/,s11bsta111ially ji,11-time agric11/t11ral employment averaging at least 40 l,011rs per week?)*
☐ YES NO

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

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 i11 ink)*

16. B. DATE SIGNED

17. REMARKS

NOTE - Complete Item 18 only if course(s) are contracted out to another school or are given al a branch location other than shown in Item 19B. Do not complete Item 18 if course(s) arc taken al a branch or extension of a school as defined in 38 CFR 2I.4266(c).

18. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

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