

Veteran and Dependent Information Sheet

Please Check One

New Veteran	Transfer Veteran	Continuing Veteran
New Dependent	Transfer Dependent	Continuing Dependent
New VocRehab	Transfer VocRehab	Active Duty

VocRehab Only: VocRehab Counselor's Name and Office

Name _____

Last
First
MI

SSN _____ Date of Birth _____
 VA File # _____ Branch of Service _____
 Married _____ Single _____ # of
 Dependents _____

Term Applied for _____ Year _____ Is PCC Application on File? Yes No
 Mailing Address _____ Phone _____

Date VA Application Submitted: _____

PLEASE CHECK WHICH VETERANS' EDUCATIONAL BENEFITS APPLY:

Montgomery G.I. Bill	V.E.A.P	Vocational Rehabilitation
Reserve	National Guard	Dependent/Survivor
Post 9/11 Chapter 33		

EDUCATIONAL PLAN (Please Check One)

AGS	AAS	AA
AS	Area of study: _____	

LIST ALL OTHER COLLEGES OR UNIVERSITIES PREVIOUSLY ATTENDED

NAME	CITY	STATE

NOTE: OFFICIAL TRANSCRIPTS FROM PREVIOUS INSTITUTIONS MUST BE SENT TO PCC FOR EVALUATION DURING YOUR FIRST SEMESTER. FAILURE TO DO SO COULD RESULT IN SUSPENSION OF EDUCATIONAL BENEFITS.

I CERTIFY THAT I HAVE RECEIVED THE VETERANS' HANDBOOK.

NAME

DATE