



North Idaho College

Veterans Educational Assistance Form

Student Information:

Student ID: _____ Semester: _____

Name: _____
Last First MI

Address: _____
Street or P.O. Box

City State Zip Phone: () _____ - _____

Signature: _____ Date: _____

Please read and initial:

_____ I understand I must provide current documentation of my eligibility from above agency with this form in order to bill for semester charges. I also understand that I must provide a new form each semester.

_____ If NIC receives documentation from a military entity disclosing benefit expiration for the current semester, I understand I will be responsible for all charges which will be due immediately. Also, a hold will be placed on my account until all charges are paid in full.

_____ I understand if a military entity does not cover my full tuition charges, I will be responsible for paying my portion by the scheduled drop date or I will be dropped from my classes.

_____ I understand not all of my classes may qualify for military benefits. Final certification will be determined by the Veteran's Coordinator.

Office Use Only:

Total Charges: \$ _____

Total Certified: \$ _____

Military Percent: _____%

Date Certified: ____ / ____ / ____

Yellow Ribbon

NIC Contribution: \$ _____

VA Contribution: \$ _____

VA Coordinator Signature: _____

Student Accounts Signature: _____