



2009-10 Verification of Veteran Benefits

Return to Financial Aid Office

On your 2009-10 Free Application for Federal Student Aid (FAFSA) you indicated that you receive veteran's education benefits. Please verify the number of months between July 1, 2009 and June 30, 2010 you will receive these benefits, and what amount you will receive per month. Provide supporting documentation among with this form from Veteran Affairs which provides the amount of monthly benefits and duration of those benefits.

Question 45 of the FAFSA on the web worksheet asks about the student's veteran education benefits and the type of benefits the student will receive. Benefits include a range of education programs from the U.S. Department of Veterans Affairs (VA), such as the Montgomery GI Bill benefits Chapter 30, which is received by Active duty personal. Veteran education benefits are not used to calculate EFC (Expected Family Contribution). The purpose of this form is to fulfill a campus requirement which requires Financial Aid to determine all sources of income of currently enrolled students.

A. Student Information

Last Name	First Name	M.I.	W# or Social Security Number
Address (include apt. #)			Date of birth
City	State	Zip Code	Phone Number (including area code)

B. To be completed by agency coordinating benefits (VA Representative)

1. What is this student current status?

- Individual does not receive assistance from agency
- No record
- Not eligible

2. Specify chapter (note to staff numerical order corresponds with FAFSA):

- 1. Montgomery GI Bill- Active Duty- Chapter 30
- 2. Post – 9/11 GI Bill- Chapter 33
- 3. Montgomery GI Bill- Selected Reserve- Chapter 1606
- 4. Reserve Educational Assistance Program- Chapter 1607
- 5. Vocational Rehabilitation and Employment- Chapter 31
- 6. Dependents' Educational Assistance- Chapter 35
- 7. Any other type of veteran education benefits

3. Projected monthly benefits from: **July 1, 2009 – June 30, 2010**

Amount(s): _____ Number of months: _____

4. Allowance provided for items listed (Please answer all areas):

- Fees Yes _____ No _____
- Transportation Yes _____ No _____
- Books Yes _____ No _____
- Supplies Yes _____ No _____

If yes, give itemized list of allowances and the amounts. _____

 Agency Representative (print)

 Signature

 Telephone number

 Date

Please attach proof of benefits.