

FINANCIAL AID & SCHOLARSHIPS
2009-2010 Veteran Benefits Verification Form

Student Name: _____

Student ID or SSN: _____

We have completed the initial review of your 2009-2010 Free Application for Federal Student Aid (FAFSA). Our office must verify all Veteran Administration Educational Benefits, including those benefits received by members of the Selective Reserve and National Guard. Federal law requires that veteran's educational benefits be used as part of a veteran's financial aid award. Please complete and return this form to our office as soon as possible.

Please check the box next to the type of benefits you are receiving and put the amount in the space provided.
If you receive a kicker in addition to your regular monthly benefits, attach a copy of the kicker contract.

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Chapter 1606 benefits (Reservist) | Total monthly amount \$ _____ |
| <input type="checkbox"/> 1606 <u>plus kicker:</u> attach contract | Total monthly amount \$ _____ |
| <input type="checkbox"/> Chapter 1607 benefits (Reservist) | Total monthly amount \$ _____ |
| <input type="checkbox"/> Chapter 30 benefits (GI Bill) | Total monthly amount \$ _____ |
| <input type="checkbox"/> Chapter 30 <u>plus kicker:</u> attach contract | Total monthly amount \$ _____ |
| <input type="checkbox"/> Chapter 33 benefits (Post 9/11 GI Bill) | Total monthly amount \$ _____ |
| <input type="checkbox"/> Chapter 35 benefits (Dependent's Educational Assistance Program) | |
| <input type="checkbox"/> Chapter 32 benefits (Veteran's Educational Assistance Program) | |
| <input type="checkbox"/> Chapter 31 benefits (Veteran's Vocational Rehabilitation) | |
| <input type="checkbox"/> I will not receive Veteran's Educational Benefits for the 09-10 aid year. | |

Statement of Certification: I certify that the information given to document my veteran benefits status is true and complete. I understand that withholding information pertaining to receipt of any Veterans Educational Benefits will result in partial or total repayment of any or all financial aid already received.

Student's Signature

Date

Return the completed form to the Financial Aid & Scholarships office.