

Name: _____		
<i>Last</i>	<i>First</i>	<i>MI</i>
SSN/ID: _____	DOB: ____ / ____ / ____	

2007-2008 VETERANS EDUCATION BENEFIT FORM

You are required to complete this form because you indicated that you are a veteran and/or are receiving a VA education benefit for your attendance during the 2007-08 award year. The total amount of the benefit you receive during this award year must be considered as a resource when determining your total financial aid package. It does not affect your EFC or your Pell Grant eligibility. The Montgomery GI Bill – *Regular* Active Duty (Ch. 30), including any additional Department of Defense contribution (DoD kicker), **does not** count towards subsidized Stafford student loans eligibility. It **must** be taken into consideration when determining unsubsidized loan eligibility.

- A) Which VA education benefit program(s) are you receiving this award year? (*check*)
- _____ None - I am not receiving benefits.
- _____ Montgomery GI Bill – *Regular* Active Duty Educational Assistance (Chapter 30)
- _____ Montgomery GI Bill – Selected Reserve Educational Assistance (Chapter 1606)
- _____ *Veterans’* Survivors and Dependents Educational Assistance (Chapter 35)
- _____ *Disabled Veterans* Vocational Rehabilitation and Employment (Chapter 31)
- _____ Post-Vietnam Era Veterans Educational Assistance (Chapter 32) *a.k.a. contributory VEAP*
- _____ Other: _____ (*e.g., Section 903, 901, REPS, etc.*)
- B) If receiving Veteran’s benefits, how many months during the 9 month school year (August 2007 through May 2008) will you receive them and how much will you receive each month (if monthly amount will change during the school year, please give the average):
- # of months:* _____ *Monthly Amount:* \$ _____
- C) For Chapters 30, 1606, and 32, do you qualify for any additional DoD kicker(s)? YES / NO
- D) If Yes, how many months during the 9 month school year (August 2007 through May 2008) will you receive them and how much will you receive each month (if monthly amount will change during the school year, please give the average):
- # of months:* _____ *Monthly Amount:* \$ _____ *Type:* _____
(*e.g., College Fund, Selected Reserve*)

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: ____/____/____