

**NATIONAL UNIVERSITY**

Financial Aid Office  
11355 North Torrey Pines Road  
La Jolla, CA 92037-1011  
(858) 642-8500

**2009-2010**

**Veterans Education Benefits Verification**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Federal and state regulations relative to student financial aid mandate coordination and verification of all educational resources. The information provided below will be used only to determine your financial aid eligibility. Please complete and submit this form to the Financial Aid Office

Will you be receiving Veterans Education Benefits for the 2009-2010 school year?

**Yes**  **No**

If yes, please complete the following:

My **Monthly Benefit Amount** is \$\_\_\_\_\_

I am receiving my Veterans Benefits through **Chapter**\_\_\_\_\_.

**Certification**

I certify that all of the information reported in this application is true and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date