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