

2008-2009 VA Education Benefit Verification Worksheet for Financial Aid Form Name: FAC08VAD

Name: _____ SSN or Campbell ID#: _____

You have indicated that you are/will be receiving VA educational benefits during the 2008-2009 school year. The total amount of benefits you receive for your attendance during this award year must be considered a resource when determining your total financial aid package. It does not affect your EFC or your Pell grant eligibility.

A) Which VA education benefit program(s) are you receiving this award year? (check)

_____ None (If benefits were indicated in error and you will not receive them this award year, skip questions B and C.)

_____ **Chapter 30 - Montgomery GI Bill – Regular Active Duty Educational Assistance**

1) What is your active duty separation date? ___/___/___

2) How many years of active duty did or will you serve? _____

a) If less than 3 years, are you a 2x4 participant? YES / NO (circle)

3) Were you previously qualified for the *Vietnam Era GI Bill* (Ch. 34)? YES / NO (circle)

a) If yes, how many dependents are you claiming? _____

_____ **Chapter 1606 - Montgomery GI Bill – Selected Reserve Educational Assistance**

_____ **Chapter 1607 – Reserve Educational Assistance Program (REAP)**

_____ **Chapter 35 - Veterans’ Survivors and Dependents Educational Assistance**

_____ **Chapter 31 - Disabled Veterans Vocational Rehabilitation and Employment**

1) How many dependents are you claiming? _____

_____ **Chapter 32 - Post-Vietnam Era Veterans Educational Assistance a.k.a. contributory VEAP**

1) How much did you contribute and for how many months? _____

_____ **Other: _____ (e.g., Section 903, 901, REPS, etc.)**

Explain: _____

B) For Chapters 30, 1606, 1607 and 32, do you qualify for any additional kicker(s)? YES / NO (circle)

1) If yes, what type and how much additional benefit do you qualify for, total, per month?

_____ (e.g., College Fund + \$14,400, Selected Reserve + \$12,000, etc.)

C) At what rate are you collecting your benefit this award year? (check)

Enrollment	Summer II 2008	Fall 2008	Spring 2009	Summer I 2009
Full Time	_____	_____	_____	_____
¾ Time	_____	_____	_____	_____
½ Time	_____	_____	_____	_____
Less than ½ Time	_____	_____	_____	_____
Not Enrolled	_____	_____	_____	_____

Note: Summer II 2008 is available only for MBA, MEd., and main campus undergraduates.

D) Will you be receiving any active duty or other educational benefits from your branch of the military?

Yes ___ No ___ Please list the name of the benefit program, the amount you will be receiving, and the frequency with which you will be receiving the benefit:

Name of Benefit _____

Amount \$ _____ Frequency: Each Month ___ Each Academic Term ___ Other _____

E) I hereby certify that all the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: ___/___/___

Attach a copy of your US Department of Veteran’s Affairs Award Letter.