

LAST NAME	FIRST NAME	MIDDLE INITIAL	9-DIGIT CAMPUS ID #
DAYTIME PHONE		EMAIL ADDRESS	

Instructions

1. If you will be receiving Veteran's Education Benefits during the 2008-09 academic year, please complete Section A below.
2. If you will not be receiving Veteran's Education Benefits during the 2008-09 academic year, please select one of the options in Section B below.
3. Additional information or documentation may be requested to complete your file.

Section A

TYPE OF VETERAN'S EDUCATION BENEFIT	AMOUNT PER MONTH	FOR HOW MANY MONTHS?	BENEFIT END DATE (IF BENEFITS WILL END DURING THE 2008-09 ACADEMIC YEAR)
1. Chapter 30: New GI Bill (Montgomery GI Bill)	\$		
2. Chapter 31: Vocational Rehabilitation	\$		
3. Chapter 32: Post Vietnam Veterans Educational Assistance Program (VEAP)	\$		
4. Chapter 35: Dependents Education Assistance Program	\$		
5. Chapter 1606: Selective Reserve Pay (Montgomery GI Bill)	\$		
6. Chapter 1607: Reserve Education Assistance Program (REAP)	\$		
7. REBS—Section 156: Restored Entitlement Benefits for Survivors	\$		
8. Other (please specify):	\$		

Section B

WHY WILL YOU NOT BE RECEIVING VETERAN'S EDUCATION BENEFITS?
<input type="checkbox"/> My benefits have expired as of (print date):
<input type="checkbox"/> I chose not to apply for benefits.
<input type="checkbox"/> I am not eligible for benefits because (attach additional pages as necessary):

CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
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students.asu.edu/financial-aid

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