

## 2009-10 CERTIFICATION OF V.A. EDUCATIONAL BENEFITS

Please confirm the type of benefits you will receive from July 1, 2009 to June 30, 2010. Indicate the amount per month you will receive and the number of months you will receive those benefits between July 1, 2009 and June 30, 2010. Do not include Death Pension, Dependency and Indemnity Compensation (DIC), or your spouse's benefits. Please provide the information requested, sign the Certification Statement, and return the form to the Office of Scholarships and Financial Aid as soon as possible.

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 (please print)

CATEGORIES OF ELIGIBILITY	Amount per month	Number of months
_____ MONTGOMERY GI BILL- ACTIVE DUTY (CHAPTER 30)	\$	
_____ VOCATIONAL REHABILITATION (CHAPTER 31)	\$	
_____ VETERANS CONTRIBUTORY BENEFITS-VEAP (CHAPTER 32)	\$	
_____ POST 9/11 GI BILL (CHAPTER 33)	\$	
_____ DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS (CHAPTER 35)	\$	
_____ RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS (CHAPTER 35-R)	\$	
_____ MONTGOMERY GI BILL SELECTED RESERVE (CHAPTER 1606)	\$	
_____ RESERVE EDUCATION ASSISTANCE PROGRAM (REAP) (CHAPTER 1607)	\$	
_____ OTHER: _____	\$	

\_\_\_\_\_ I am no longer receiving benefits because: \_\_\_\_\_

Certification Statement: I certify that the information provided above is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
 Date