



2008-2009 VERIFICATION OF VETERANS BENEFITS

Student Name _____ SSN _____

You reported on your FAFSA that you are a veteran and/or receiving veteran's benefits. Federal regulations require that VA Benefits be calculated in determining your eligibility for student aid funds. Please indicate below the exact amount you will receive each month during the 2008-2009 school year in the appropriate space below.

1) Indicate months benefits will be received: _____ through _____ Total #: _____
Month Month

- 2) Benefit amounts:
G.I. Bill (Chapter 30) \$_____/Month
Dependent Educational Assistance Programs (Chapter 34 and 35) \$_____/Month
VA Contributory Benefits (VEAP) (Include both government and student portions) \$_____/Month
Vocational Rehabilitation Educational Assistance Benefits (Chapter 31) \$_____/Month
Other (i.e. Death Pensions, Dependency and Indemnity Compensations (DEC), Spouse's G.I. Bill, National Guard Stipends, etc.) \$_____/Month

3) If VA Benefits will not be received during the 2008-2009 school year, please indicate why they will not be received.

Please Note: The Financial Office will receive notice of your V.A. benefits later in the school year. Failure to accurately complete this form could result in a revised financial aid award at that time. Please be as accurate as possible in order to prevent late award adjustments.

The above information is complete and correct to the best of my knowledge.
Signature: _____ Date: _____

Submit this form via email to: filemydocs@wcl.american.edu - Phone (202) 274-4040/ Fax (202) 274-4107