



2009-2010 VERIFICATION OF VETERANS BENEFITS

Student Name \_\_\_\_\_ AU ID \_\_\_\_\_

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 the exact amount you will receive each month during the 2009-2010 school year in the appropriate space below.

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

- 2) Benefit amounts:
• MGIB (Chapter 30) \$ \_\_\_\_\_/Month
• Post 9/11 GI Bill (Chapter 33) \$ \_\_\_\_\_/Month
• Dependent Educational Assistance Programs (Chapter 34 and 35) \$ \_\_\_\_\_/Month
• VA Educational Assistance Program (VEAP) (Include both government and student portions) \$ \_\_\_\_\_/Month
• Vocational Rehabilitation and Employment 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 2009-2010 school year, please indicate why.
\_\_\_\_\_
\_\_\_\_\_

Please Note: The Financial Aid Office will receive notice of your benefits later in the school year. Failure to accurately complete this form could result in revision of your aid offer at that time. Please be as accurate as possible to avoid 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