



2008 - 2009 VA EDUCATION BENEFITS FORM

STUDENT NAME: _____ SPU ID: _____

On your 2008 - 2009 Free Application for Federal Student Aid (FAFSA) you indicated you are a veteran or qualify to receive dependent education benefits, please confirm this by answering the following questions.

Will you receive education benefits?

- Yes
- No

If you marked "Yes", please indicate the type*:

- Chapter 30
- Chapter 31
- Chapter 35
- Chapter 106 (1606)
- Other _____

How many months from July 1, 2008 to June 30, 2009 will you receive benefits? _____

What amount will you receive **per month**? \$ _____

- I am part of the Vocational Rehabilitation program, and will receive \$ _____ per quarter in addition to the Veteran's Benefits listed above.*

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

Student Signature

Date

Phone

Email

*Questions regarding which chapter you receive benefits from should be asked of the Veterans Administration.