



Student Name: \_\_\_\_\_ WIN #: \_\_\_\_\_

-- Please Print Legibly in Blue or Black Ink Only --

**Veteran's Education Benefit Verification**

According to our records, you either indicated on the *Free Application for Federal Student Aid* (FAFSA) either 1) you are a veteran or 2) you are receiving monthly veteran's education benefits OR you have been certified by the Registrar's office as possibly receiving veteran's education benefits.

The total amount of the benefit you receive for your attendance during this award year must be considered a resource when determining your total financial aid package. The Montgomery GI Bill-Regular Active Duty (Chapter 30) does not count as a resource toward your subsidized Stafford student loan eligibility.

Please complete, sign and return this form so your awards will be authorized for disbursement.

- A) Which VA education benefit are you receiving this award year? (check)
  - \_\_\_\_\_ None (if you indicated a benefit in-error or are not going to request that your enrollment be certified at all this award year, skip questions B and C)
  - \_\_\_\_\_ Montgomery GI Bill-Regular Active Duty (Chapter 30)
  - \_\_\_\_\_ Montgomery GI Bill-Selected Reserve (Chapter 1606)
  - \_\_\_\_\_ Dependent's Educational Assistance (Chapter 35)
  - \_\_\_\_\_ Vocational Rehabilitation and Employment (Chapter 31)
  - \_\_\_\_\_ Reserve Educational Assistance Program (Chapter 1607)
  - \_\_\_\_\_ Other VA education benefit programs. List type: \_\_\_\_\_
  
- B) If you receive VA education benefits, for how many months during the academic year (July 1 through the following June 30) will you receive these benefits, and what amount will you receive per month? \_\_\_\_\_ (months) \$ \_\_\_\_\_ (monthly amount)
  
- C) For Chapters 30, 1606, 1607, or 32, will you qualify for additional DoD kickers? YES/ NO (circle)
  - a. If yes, indicate type of kicker and how much additional benefit you will qualify for this year: \_\_\_\_\_

**I hereby certify that this information is true and complete to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Many financial aid programs have specific deadlines, and delays in processing may result in a reduction or loss of potential financial aid awards. **Your completed form must be received by the financial aid office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid.** Be sure to include your name and WIN number on any documents you submit. If you have any questions or need assistance, please contact us at (269) 387-6000 between 8 a.m. and 5 p.m.

Please mail documents to: Western Michigan University, Student Financial Aid  
1903 West Michigan Avenue, Kalamazoo, MI 49008-5337