



Veteran's Education Benefit Verification

Name: _____ Student ID: _____

Address: _____

Email Address: _____

Daytime Phone: _____ Cell: _____

According to our records, you 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. 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. We will assume you are receiving the benefit as a full-time student for the entire award year. 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 award will be authorized for disbursement.

1. Which VA education benefit are you receiving this award year? Please check all that apply.

- 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 to question 2.)
- 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: _____

2. For chapters 30, 1606, 1607, or 32, will you qualify for additional DOD kickers?

Please circle: YES NO

- 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 _____

Please return form to:

Financial Aid Office
Mount Vernon Nazarene University
Attn: Vickie Williams
800 Martinsburg Road
Mount Vernon, OH 43050