

VA Educational Benefit Worksheet

Student Name (please print) _____ Student ID _____ Academic Year _____

On your Free Application for Federal Student Aid (FAFSA) you indicated you are a veteran or you have contacted the Office of the Registrar at Catholic University to be certified for veterans educational benefits. Please complete the form below as documentation of the veterans educational benefits that you are eligible to receive July 1 through June 30 of the academic year

Which VA educational benefit are you receiving? (check one)		Amount		
<input type="checkbox"/>	None- I indicated a benefit in error. (Sign the bottom of this form certifying that you are NOT Eligible to receive veterans education benefits.)			
<input type="checkbox"/>	Chapter 30 - Montgomery GI Bill-Regular Active Duty (MGIB-AD)	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____
<input type="checkbox"/>	Chapter 31 - Vocational Rehabilitation (VOC)	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____
<input type="checkbox"/>	Chapter 35 - Veterans Survivors and Dependents Educational Assistance (DEA)	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____
<input type="checkbox"/>	Chapter 1606 - Montgomery GI Bill-Selected Reserve (MGIB-SR)	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____
<input type="checkbox"/>	Chapter 1607 - Reserve Educational Assistance Program (REAP)	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____
<input type="checkbox"/>	Other: _____	\$ _____	Fall \$ _____	Spring \$ _____ Summer _____

Benefits will be assessed for nine months of entitlement for the academic year (fall/spring)

If you are approaching your delimiting date or have exhausted your benefits, submit to our office a recent benefit letter from the Department of Veterans Affairs (DVA) or Department of Defense (DOD) to have it reflected in your financial aid award. (The benefit letter is an official written notice from the either DVA or DOD that lists your monthly rate of payment, the enrollment period you were certified for benefits, and your remaining entitlement at the end of the award period.) If you can not locate your current award letter, contact the Department of Veterans Affairs or the Department of Defense and request a duplicate.

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT DURING THE ACADEMIC YEAR THE REGIONAL VA OFFICE MAY NOTIFY CATHOLIC UNIVERSITY OF MY VA EDUCATIONAL BENEFITS FOR THE ENROLLMENT PERIOD. IF THIS INFORMATION IS DIFFERENT FROM WHAT I HAVE REPORTED ABOVE, I UNDERSTAND THAT MY FINANCIAL AID MAY BE ADJUSTED ACCORDINGLY. I ALSO UNDERSTAND THAT THE FINANCIAL AID OFFICE CAN AT ANYTIME REQUEST ME TO PROVIDE WRITTEN DOCUMENTATION OF MY EDUCATIONAL BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS.

Student Signature: _____ Date: _____