

VETERAN'S BENEFITS CONFIRMATION FORM

INSTRUCTIONS: You are being asked to complete this form because we have determined that you may be receiving veteran's education benefits during the 2009-10 award year. The total amount of benefits you receive for your attendance during this award year must be considered as a resource when determining your total financial aid package. Please return this completed form to:

Office of Financial Assistance
Buena Vista University
610 West Fourth Street
Storm Lake, IA 50588

Phone
(712) 749-2164
(800) 383-2821 ext 2164
Fax
(712) 749-1451

Student Name: _____
Last First MI

Social Security Number: _____

Campus Attending: Storm Lake
 Professional & Online Studies – Identify site _____
 Online program
 Graduate program

Please clarify your benefit status/plans:

- I am not eligible for Veteran's Educational Benefits.
- I will not use my benefits for any period in the 2009-10 year.
- I will use my benefits during the 2009-10 year.

I plan to receive the following Veteran's Educational Benefits during the 2009-2010 academic year:

- Montgomery GI Bill – Regular (Chapter 30)
Amount receiving \$ _____/month
- Vocational Rehabilitation (Chapter 31)
What is the monthly amount of your living allowance stipend?
\$ _____/month
- Post -9/11 GI Bill (Chapter 33)
Amount receiving \$ _____/month
- Survivors' and Dependents' (Chapter 35)
Amount receiving \$ _____/month
- Montgomery GI Bill – Selected Reserve (Chapter 1606)
Amount receiving \$ _____/month
- Montgomery GI Bill – Reserve Educational Assistance Program (Chapter 1607)
Amount receiving \$ _____/month
- Military Tuition Assistance benefits
- Iowa National Guard Grant

Do you qualify for any additional DoD Kickers? Yes No

-If yes, what type and how much **additional** benefits do you qualify for per month? _____
(Do not include amounts listed above)

CERTIFICATION: I certify that the information provided on this form is accurate to the best of my knowledge.

Student Signature: _____ Date: _____