

Student Financial Aid

**A. STUDENT INFORMATION**

Last name	First name	M.I.	BGSU ID number
Address (include apt. no.)			Phone number (include area code)
City	State	Zip Code	BGSU e-mail address

**B. LIST THE VETERAN'S BENEFITS YOU EXPECT TO RECEIVE BETWEEN JULY 1, 2009 AND JUNE 30, 2010**

Type of Benefit	Amount per month (Do not include amount for Kicker)	Check the semester(s) for which you will receive benefits			For Chapters 30, 1606, 1607, and 32, do you qualify for any additional DOD Kickers?		
		Sum 2009	Fall 2009	Spr 2010	Yes	No	List amount of Kicker
Dependent Educational Assistance Program (Chapter 35)	\$						\$
Veterans Contributory or VEAP Benefits (Chapter 32)	\$						\$
Selective Reserve Educational Assistance (Montgomery GI Bill—Chapter 1606)	\$						\$
Reserve Educational Assistance Program (Chapter 1607)	\$						\$
Regular Active Duty Educational Assistance (Montgomery GI Bill—Chapter 30)	\$						\$
Vocational Rehabilitation (Chapter 31)	\$						\$
Restored Entitlement Program for Survivors (REPS—Section 156)	\$						\$

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Student Signature

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Date