

**STUDENT FINANCIAL AID
Veteran's Benefits Form
2008-2009**

SECTION I: STUDENT INFORMATION

Student's Last Name: _____ First Name: _____

Student's BGSU ID #: _____ Cell Phone #: _____ - _____ - _____

Mailing Address: _____
Street or P. O. Box City State Zip Code

SECTION II: LIST THE VETERAN'S BENEFITS YOU EXPECT TO RECEIVE BETWEEN JULY 1, 2008 AND JUNE 30, 2009.

Type of Benefit	Amount Per Month	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 2008	Fall 2008	Spr 2009	Yes	No	
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)	\$						\$

Student Signature

Date