

## Verification of Military / Veterans Educational Benefits 2008-09

Our office must verify all Military / Veterans Educational Benefits, including those benefits received by members of the Selective Reserve and the National Guard. Please check all that apply to you. Be sure to give monthly amounts where a monthly check is received. If you are receiving a reimbursement for tuition and fees please indicate the amount you expect to receive. If necessary, estimate but be as accurate as possible. We need this information to complete your financial aid application. Return this form to:

UW-Platteville  
Office of Financial Aid  
1 University Plaza  
Platteville, WI 53818

<input type="checkbox"/> Montgomery GI Bill (Chapter 30)	\$ ___ for ___ months
<input type="checkbox"/> Montgomery GI Bill Selected Reserve Educational Assistance Program (Chapter 1606) Plus 1606 Kicker (if applicable)	\$ _____ for _____ months
<input type="checkbox"/> Vocational Rehabilitation Benefits (Chapter 31)	\$ _____ for _____ months
<input type="checkbox"/> Reservists Called to Active Duty (Chapter 1607)	\$ _____ for _____ months
<input type="checkbox"/> Post-Vietnam Veterans Education Assistance Program (VEAP, Chapter 32)	\$ _____ for _____ months
<input type="checkbox"/> Survivors & Dependents Education Assistance Program (Chapter 35)	\$ _____ for _____ months
<input type="checkbox"/> Wisconsin National Guard Tuition Grant	\$ _____ per semester
<input type="checkbox"/> VetEd Reimbursement Grant (State of WI)	\$ _____ per semester
<input type="checkbox"/> Tuition Assistance---Army Continuing Education System	\$ _____ per semester
<input type="checkbox"/> WI GI Bill Tuition Remission	\$ _____ per semester
<input type="checkbox"/> Other-Please explain and indicate dollar amounts.	

I will not receive any Military/ Veterans Educational Benefits for the 2008-09 academic year.

I certify that the information I have provided is correct.

Name \_\_\_\_\_ SS # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

