CHRISTOPHER NEWPORT UNIVERSITY
Office of Financial Aid

Office of Financial Aid
1 University Place
Newport News, VA 23606
(757) 594-7170 Voice * (757) 594-7113 Fax

Verification of Veteran's Benefits

Student ID: _____

Student Name: _____

You indicated on your FAFSA that you will be receiving Veteran's Education Benefits during the 2009 – 2010 school year. Federal Title IV regulations require veteran educational benefits be considered when determining financial aid eligibility. This includes benefits from the following programs:

Montgomery GI Bill—Selected Reserve (Chapter 1606)
Montgomery GI Bill—Active Duty (Chapter 30)
Vocational Rehabilitation (Chapter 31)
Survivors' and Dependents' Education Assistance Program (Chapter 35)
Restored Entitlement Program for Survivors (Section 156)
Educational Assistance Program (Section 901)
Post-Vietnam Veterans Educational Assistance Program (Chapter 32)
Reserve Educational Assistance Program—REAP (Chapter 1607)
Post 9-11 GI Bill (Chapter 33)

Will you be applying for any of the above Veteran Educational Benefits during the 2009 – 2010 school year?

_____ Yes _____ No

If yes, what chapter? _____ _____ Months of Remaining Eligibility

Please indicate below the amount of your monthly benefits and the number of months you expect to receive this benefit during the school year. Please note that the school year is from July 1, 2009 to June 30, 2010.

$_____ Monthly Amount of Benefits _____ Months Expected to Receive During 2009 – 2010 School Year

The receipt of veteran benefits could reduce your financial aid eligibility, even if you have already been offered financial aid funds.

Completion of this form is not an application for veteran benefits., This form is for financial aid purposes only. You must contact the Office of the Registrar to apply for veteran benefits.

I have read this form and understand the information it explains.

Signature: _____ Date: _____