

2008-09 VA Education Benefit Verification Worksheet



Name: _____

Student ID#: _____

You are required to complete this form because you indicated that you are a veteran or receiving a VA education benefit during the 2008-09 award year. The total amount of the benefit you receive for your attendance during this award year must be considered a resource when determining your total financial aid package. It does not affect your EFC or your Pell grant eligibility. The Montgomery GI Bill – Regular Active Duty (Ch. 30), including any additional Department of Defense (DoD) contribution (kicker) does not count as a resource towards subsidized Federal Direct Stafford Loans and campus based aid programs (SEOG & FWS).

INSTRUCTIONS: The student must complete Section 1 and Section 2 of this form. Section 3 of this form must be completed by the MCC VA Certifying Official.

SECTION 1: Please indicate if you will or will not be receiving a VA Education Benefit for the 2008-09 academic year.

_____ I will receive a VA Education Benefit for the 08-09 academic year.

_____ I will NOT receive a VA Education Benefit for the 08-09 academic year.

If you will NOT receive a VA Education Benefit for the 08-09 academic year, please indicate why. _____

Please indicate which VA Education Benefit program(s) you are receiving for this award year.

_____ Montgomery GI Bill – Regular Active Duty Educational Assistance (Chapter 30)

_____ Montgomery GI Bill – Selected Reserve Educational Assistance (Chapter 1606)

_____ Montgomery GI Bill – Reservist Educational Assistance (Chapter 1607)

_____ Veterans' Survivors and Dependents Educational Assistance (Chapter 35)

_____ Disabled Veterans Vocational Rehabilitation and Employment (Chapter 31)

_____ Other: _____ (e.g. Chapter 32, Section 903, 901, REPS, etc.)

For Chapters 30, 32, 1606, and 1607, do you qualify for any additional kicker(s)?

Yes: _____ No: _____

If yes, what type and how much additional benefit do you qualify for, total? _____

SEE REVERSE SIDE FOR SECTION 2 & SECTION 3

SECTION 2: What is your expected enrollment for this award year?

Summer 2008:	Full-time	¾ -Time	Half-time	¼ - time	Not Enrolled
Fall 2008:	Full-time	¾ -Time	Half-time	¼ - time	Not Enrolled
Spring 2009:	Full-time	¾ -Time	Half-time	¼ - time	Not Enrolled

(Note: It is the students responsibility to notify the MCC Financial Aid Office when there is a change in their enrollment that will impact the amount of their VA Education Benefits.)

I hereby certify that all of the information provided by me on this form is complete to the best of my knowledge.

Student Signature: _____ Date: ____/____/____

SECTION 3: This section is to be completed by the MCC VA Certifying Official.

Please complete this section, indicating the program from which they are receiving benefits, the number of weeks for which they will be/have been certified, the amount of credit hours for which they will be/have been certified for their expected terms of enrollment, and their monthly benefit amount.

Semester of Enrollment	# of Weeks Certified	# of Credits Certified	Expected Monthly Benefit Amount
Summer 2008			
Fall 2008			
Spring 2009			

The student will be receiving VA Education Benefits through Chapter _____ for the 2008-09 Academic Year.

As the MCC VA Certifying Official, I hereby affirm that this student is/will be certified for Veterans Education Benefits as indicated on this form.

Signature: _____ Date: ____/____/____

Please return the completed form to the MCC Financial Aid Office
1000 East Henrietta Road Rochester, New York 14623