



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 1155 Union Circle #311370
 Denton, TX 76203-5017
 Fax: (940) 565-2738

2008-2009 Veteran's Educational Benefits Statement

SECTION A: STUDENT INFORMATION

Name:		UNT Assigned ID:
Telephone (include area code):	Social Security Number:	Date of Birth:

SECTION B: TERM(S) OF VETERAN'S EDUCATIONAL BENEFITS

- Please indicate the term(s) for which you will be receiving Veteran's Educational Benefits
 - Fall 2008
 - Spring 2009
 - Summer 2009
- I will not be receiving Veteran's Educational Benefits (please attach supporting documentation)

SECTION C: TYPE OF VETERAN'S BENEFITS

- Please contact the VA Regional Office in Waco, TX at (888) 442-4551 or on the Internet at www.va.gov.
 - Check the box below that indicates the type of Veteran's Educational Benefits that apply to you.
 - Selective Reserve Pay - Montgomery Bill - Chapter 1606
 - Reserve Educational Assistance Program (REAP) - Chapter 1607
 - "New" GI Bill - Montgomery GI Bill Chapter 30
 - Post- Vietnam Veterans Educational Assistance Program - VEAP - Chapter 32
 - Vocational Rehabilitation - Chapter 31 (Contact VA Regional Office in Waco, TX @ 1-800-827-1000)
 - REPS - (Restored Entitlement Benefits for Survivors) - Section 156
 - Dependents Educational Assistance Program - Chapter 35
- Veteran's Name _____ File # _____

Do not include Death Pension Dependency and Indemnity Compensation (DIC) or your spouse's GI Bill.

SECTION D: AMOUNT OF VETERAN'S BENEFITS

- Please indicate the amount of the Veteran's Educational Benefits that you have remaining

Months of remaining eligibility _____ Amount of benefits per month \$_____

SECTION E: CERTIFICATION

I certify that this information is correct. I understand this information may be required annually for as long as I am receiving benefits and also applying for financial aid. I understand that Student Financial Aid and Scholarships may verify this information, and further research may be necessary if there are discrepancies. I understand that I must contact a VA representative in the Registrar's Office each semester to complete required paperwork to have my veteran benefits certified.

Student Signature _____ Date _____

 X _____

Student Financial Aid and Scholarships Use Only

Amount per month _____	Remaining months _____	Date verified _____	Initials _____
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