2009-10 Veteran Educational Benefits

Name ___________________________ UCI ID Number _______________________
E-mail ___________________________ Phone Number _______________________

Please report the type and the amount of veteran benefits you will receive in the 2009-10 academic year (September 2009 to June 2010). If you will not receive veteran benefits, please select “No Veteran Benefits.”

**Type of Veteran Educational Benefits**

- ______ Chapter 30
- ______ Chapter 31
- ______ Chapter 33 (Post-9/11)
- ______ Chapter 35
- ______ Chapter 1606
- ______ Chapter 1607
- ______ Chapter REAP
- ______ Kickers
- ______ Other Veteran Benefits

indicate type

**Amount per Month:**

- ______ $______________
- ______ $______________
- ______ $______________
- ______ $______________
- ______ $______________
- ______ $______________
- ______ $______________
- ______ $______________

**Total Estimated Amount**

Academic Year 2009-10 (nine months): $______________

**Other Veteran Educational Benefits**

- ______ Veteran’s Fee Waiver
- ______ Cal Vet Fee Exemption
- ______ Other explain below

(Please attach copy of the letter with this form.)

- ______ No Veteran Benefits

**Comments:**
___________________________________________________________________________________
_______________________________________________________________________________________________

I certify that the information and documentation provided is true and complete. Should I have any changes, I will notify the Office of Financial Aid and Scholarships in writing. I understand that if the actual amount of veteran benefits I receive during the 2009-10 academic year increases my financial aid will be revised and I may be billed.

Student Signature: ___________________________ Date: ___________________________