

# 2009-10 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 2009-10 award year. The total amount of the educational 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) and Post 9/11 GI Bill (Chapter 33), 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.**

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## SECTION 1: Please indicate if you will or will not be receiving a VA Education Benefit for the 2009-10 academic year.

\_\_\_\_ I will receive a VA Education Benefit for the 09-10 academic year.

\_\_\_\_ I will NOT receive a VA Education Benefit for the 09-10 academic year.

If you will NOT receive a VA Education Benefit for the 09-10 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 – Post 9/11 (Chapter 33)

\_\_\_\_ 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? \_\_\_\_\_

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**SEE REVERSE SIDE FOR SECTION 2 & SECTION 3**

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

Summer 2009:	Full-time	¾ -Time	Half-time	¼ - time	Not Enrolled
Fall 2009:	Full-time	¾ -Time	Half-time	¼ - time	Not Enrolled
Spring 2010:	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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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 2009			
Fall 2009			
Spring 2010			

The student will be receiving VA Education Benefits through Chapter \_\_\_\_\_ for the 2009-10 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