



FINANCIAL AID OFFICE
VETERAN EDUCATION BENEFITS
VERIFICATION FORM
2009-2010

Student Name: _____ Student ID Number: _____

Please check the statement that is true for you:

- 1. I am not eligible to receive veteran education benefits while attending GRCC during the 09-10 academic year.
2. I am eligible, but choose not to use my veteran education benefits while attending GRCC during the 09-10 academic year.
3. I will receive veteran education benefits in the amount of \$ _____ per month while attending GRCC during the 09-10 academic year.
4. The veteran education benefits I am receiving while attending GRCC have changed or will be changing to \$ _____ per month, beginning _____.

I understand that my monthly veteran education benefit amount must be considered in determining my eligibility for financial aid. If the GRCC veteran's coordinator notifies the Financial Aid Office that my monthly benefit amount is not as I reported, my eligibility for financial aid will change and I may be required to repay financial aid funds that have been disbursed to me.

Student Signature

Date

If you checked item 2, 3 or 4, the veteran's coordinator in the GRCC Student Records Office MUST complete and sign this form below.

Do not write below this line.

\$ _____ Benefit amount per month

Chapter _____

Veteran's Coordinator Signature

Date

RETURN THIS COMPLETED FORM TO THE GRCC FINANCIAL AID OFFICE.