MOORPARK COLLEGE FINANCIAL AID OFFICE
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2009-2010 VETERANS EDUCATION BENEFIT FORM

Name: _____
Last First MI

SSN/ID: _____ DOB: _____ / _____ / _____

You are required to complete this form because you indicated that you are a veteran and/or are receiving a VA education benefits for your attendance during the 2009-10 award year. The total amount of the benefit you receive during this award year must be considered as a resource when determining your total financial aid package. It does not affect your EFC or your Pell Grant eligibility.

A) Which VA education benefit program(s) are you receiving this award year? *(check)*

_____ **None - I am not receiving benefits.**

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

_____ **Post-9/11 GI Bill (Chapter 33)**

_____ **Montgomery GI Bill – Selected Reserve (Chapter 1606)**

_____ **Reserve Educational Assistance (Chapter 1607)**

_____ **Vocational Rehabilitation and Employment (Chapter 31)**

_____ **Dependents' Educational Assistance (Chapter 35)**

_____ **Other type of veterans education benefits:** _____

If receiving Veteran's benefits, how many months during the 9 month school year (August 2009 through May 2010) will you receive them and how much will you receive each month (if monthly amount will change during the school year, please give the average):

# of months: _____ *Monthly Amount: $*_____

B) Do you qualify for any DoD kicker(s) in addition to above benefits? YES / NO

If Yes, how many months during the 9 month school year (August 2009 through May 2010) will you receive them and how much will you receive each month (if monthly amount will change during the school year, please give the average):

# of months: _____ *Monthly Amount: $*_____ *Type:*_____
(e.g., College Fund, Selected Reserve)

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE ATTACHED A COPY OF MY AWARD NOTIFICATION FROM THE VETERANS ADMINISTRATION

Signature: _____ Date: ____/____/____