

**2005-2006 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 2005
  - Spring 2006
  - Summer 2006

**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](http://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 (please contact Gayle Bellman @ 214-857-4201)
    - 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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