

2007-2008 Veteran Benefits Information Form

Student Name _____

UID _____

We have received information that you are receiving Veterans' Benefits support. If this is correct, please check below the type of benefits you are receiving along with the amount of benefits you will receive during the academic year. If you are not receiving Veteran Benefits please check "none" below.

VETERAN TYPE

AMOUNT PER MONTH

_____ Chapter 30: Montgomery GI Bill \$ _____

_____ Chapter 31: Vocational Rehabilitation \$ _____

_____ Chapter 32: Veterans Educational Assistance Program \$ _____

_____ Chapter 35: Dependents Educational Assistance \$ _____

_____ Chapter 1606: Montgomery Selected Reserve GI Bill \$ _____

_____ Check here if you are receiving a Veterans' Fee Waiver, a Cal Vet Fee Exemption or any other fee paying award.

_____ Veteran benefits not listed above. Please specify type and amount: _____

_____ None. I am not receiving any Veterans' Benefits support of any kind.

SIGNATURE

DATE

Please sign, date and return this letter to the Financial Aid Office within 2 weeks of the date of this letter. Failure to notify us may prevent us from disbursing future financial aid.

If you have any questions, contact the Financial Aid Office at (310) 206-0400 or visit our Service Counter at A-129J Murphy Hall from 9:00 AM to 5:00 PM Monday through Friday.

Return to:

UCLA Financial Aid Office,
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435

Fax: 310-206-7419