



UCLA, Financial Aid Office  
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 Los Angeles, CA 90095-1435  
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 Fax : 310-206-7419

## 2008-2009 VETERANS BENEFITS INFORMATION FORM

Name: Last \_\_\_\_\_ First \_\_\_\_\_ UID# \_\_\_\_\_

We have received information that you are receiving Veterans Benefits support and need to verify the amount and number of months you will be receiving benefits during the academic year. If this is correct, please check the type of benefits you are receiving, and indicate the amount of benefits you will receive per month, and the number of months during the academic year. If you will not receive VA Benefits of any kind, please check the box marked "none". Your application will not be evaluated for financial aid until this document is returned even if you have made corrections to your FAFSA.

A new Electronic Financial Aid Notification (eFAN) statement will be posted on MyFAO ([www.fao.ucla.edu](http://www.fao.ucla.edu)) when your awards are revised.

TYPE OF VETERANS BENEFIT	AMOUNT PER MONTH	NUMBER OF MONTHS
<input type="checkbox"/> <b>Chapter 30:</b> Montgomery GI Bill.	\$	
<input type="checkbox"/> <b>Chapter 31:</b> Vocational Rehabilitation.	\$	
<input type="checkbox"/> <b>Chapter 32:</b> Veteran's Educational Assistance Program.	\$	
<input type="checkbox"/> <b>Chapter 35:</b> Dependents Educational Assistance.	\$	
<input type="checkbox"/> <b>Chapter 1606:</b> Montgomery Selected Reserve GI Bill.	\$	
<input type="checkbox"/> <b>Other:</b> Please specify type.	\$	
<input type="checkbox"/> <b>Veterans Fee Waiver, Cal Vet Fee Exemption, or any other fee paying award.</b> <i>The award amount for fee paying awards is based upon your tuition and fees only and will affect other fee paying awards.</i>		
<input type="checkbox"/> <b>None.</b> I am not receiving VA Benefits of any kind.		

**CERTIFICATION STATEMENT:** I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancelation of my aid and prevent me from receiving financial aid in future academic years.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_