

Office of Financial Aid

2009-2010 VETERANS EDUCATIONAL BENEFITS CERTIFICATION
FEDERAL STUDENT AID PROGRAMS

Student's Name _____

Social Security Number _____

Please provide the Willamette University Office of Financial Aid certification of the Department of Veterans' Affairs (DVA) benefits you will receive between August 17, 2009 and August 18, 2010.

I have DVA educational benefits remaining for _____ months and _____ days to be used before _____.
entitlement ending date

Enter dollar amount **per month** for each enrollment level. If not eligible for DVA educational benefits at a particular enrollment level, enter "N/A" or "0."

Full-time	\$ _____
3/4-time	\$ _____
1/2-time	\$ _____
Less than 1/2-time	\$ _____

My benefits are through Chapter Number _____.

I am not currently eligible for DVA benefits because: _____

My eligibility for DVA benefits expired _____ / _____ / _____.
month *day* *year*

I have been discharged from military service but have not applied for DVA educational benefits. If known, Chapter Number _____ and estimated monthly benefit amount \$ _____ (for full-time enrollment) I would receive if I did apply for DVA benefits.

By signing this worksheet, I certify that the above information is complete and correct.

Student's Signature _____

Date _____