

FORM 15 - IDAHO STATE UNIVERSITY
VETERAN'S BENEFITS CONFIRMATION FORM

08-09

15-09

INSTRUCTIONS: You are required to complete this form because it appears you will be receiving veteran's educational benefits during the 2008-2009 award year. The total amount of benefits you receive for your attendance during this award year must be considered as a resource when determining your total financial aid. Please return this completed form to:

Bonnie F. Mecham, Veterans Coordinator
Office of Registration and Records
Idaho State University, Museum Building, Room 319
921 S 8th Ave, Stop 8196, Pocatello, ID 83209-8196
Phone (208)282-2676 Fax (208)282-4231

Student Name: _____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): _____ Social Security #: _____

Telephone: _____ Email: _____

Please clarify your benefit status / plans:

- I am not eligible for Veterans Educational Benefits
- I will not use my benefits for the: Fall Semester 2008 Spring Semester 2009
- I **plan to receive the following Veterans Educational Benefits during 2008-2009 academic year:**
 - Montgomery GI Bill - *Regular* (Chapter 30)
 - Vocational Rehabilitation (Chapter 31)
 - How many dependents are you claiming? _____
 - Survivors' and Dependents' (Chapter 35)
 - Montgomery GI Bill - *Guard and Reserve* (Chapter 1606)
 - Montgomery GI Bill - *Guard and Reserve* (Chapter 1607)

For Chapter 30, Chapter 1606 or Chapter 1607 do you qualify for an additional DoD Kickers?

- Yes No

- If yes, what type and how much is the kicker per month? _____
(e.g. College Fund + \$400)

Do you plan to use your benefits for the Fall Semester 2008 at: Full Time 3/4 Time 1/2 Time

Do you plan to use your benefits for the Spring Semester 2009 at: Full Time 3/4 Time 1/2 Time

Remember: A registration form must be completed EACH SEMESTER that you plan to receive benefits

If this is the first time you will receive benefits at Idaho State University:

- Do you need an application to apply for your benefits? Yes No

- Are you transferring from another college where you previously used your benefits? Yes No

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Chapter: _____
For period from: _____ to _____ \$ _____ for _____ months.
Chapter 31 → Tuition: ___ Yes ___ No Books: ___ Yes ___ No Insurance: ___ Yes ___ No

Veterans Coordinator: _____ Date: _____