

2015-2016 Veterans Affairs SMU ID# Name: Page: __of__ Division of Enrollment Services Financial Aid

Veterans Benefit Form

This form must be completed and returned *before* your aid will post to your student account.

I acknowledge SMU's policy regarding Veteran's Affairs. I recognize that it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from Veterans Affairs are not received or payment does not cover the balance in full.

Please indicate which VA type(s) you will receive:

Post 9/11 GI Bill: Title 38 Chapter 33

 Amount of coverage remaining: ______ Months _____ Days

Reserve Educational Assistance Program (REAP): Chapter 1607
Selective Reserve: Title 10 Chapter 106
Old GI Bill: Chapter 34
Post-Vietnam Era Veteran's Ed. Prog.: Title 38 Chapter 32
Dependents Educational Assistance Program: Title 38 Chapter 35
Vocational Rehabilitation: Title 38 Chapter 31
Living Stipend/Housing Stipend \$_____/month
Book Stipend \$______

Date

Signature

Typed or Printed Name

SMU ID Number