Office of Financial Aid
Veterans Benefit Form

This form must be completed and returned *before* your benefit will apply to your student account.

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 $_____

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.

_____ _____

Student Signature SMU ID

_____ _____

Print or Type Name Date

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