



This form must be completed and returned to Financial Aid before your benefit will be applied to your student account.

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

- Chapter 30 – Montgomery GI Bill
- Chapter 31 - Vocational Rehabilitation
- Chapter 33 - Post 9/11 GI Bill
 - Percentage of eligibility _____
 - Amount of coverage remaining: _____ Months _____ Days
- Chapter 33 Fry: Marine Gunnery Sergeant John David Fry Scholarship
- Chapter 35 - Dependents Educational Assistance Program
- Chapter 1606 - Selective Reserve
- Chapter 1607 - Reserve Educational Assistance Program (REAP)

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