

VA Benefits Questionnaire

NOTE: The enclosed financial aid package is tentative pending final authorization of VA benefits to be received for the Academic Year.

Information received by Carroll suggests that you will receive education benefits from the United States Veterans Administration. In order to enable Carroll to provide you with a financial aid package that is in accordance with federal regulations and College guidelines, please provide the following:

1. Enrollment status in Academic Year _____ (please indicate)
 - a. ____ Full-time (12+ credit hours per semester)
 - b. ____ Part-time (indicate hours per semester Fall ____ Spring____)

2. VA benefits I will receive for the Academic Year
 - a. VA Vocational Rehabilitation (check applicable items paid by VA benefits)
 - (1) ____ Tuition and general fees
 - (2) ____ Course fees
 - (3) ____ Books
 - (4) ____ Other – Describe _____

 - b. VA Stipend
 - (1) ____ Chapter 30: _____ months at \$_____ per month
 - (2) ____ Other: _____ months at \$_____ per month

Signature _____ Date _____
Print Name _____ ID _____