Military Educational Benefits Questionnaire

NOTE: Your financial aid package is tentative pending final authorization of military educational benefits to be received for the academic year.

Information received by Carroll suggests that you will receive education benefits from the military. 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 year & status)
   a. ____ Full-time (12+ credit hours per semester)
   b. ____ Part-time (indicate hours per semester Fall _____ Spring_____

2. I will receive the following military benefits for the Academic Year

   Yes___  No___ VA Vocational Rehabilitation
   (if yes, check applicable items paid by VA benefits)
   (1) _____ Tuition and mandatory fees
   (2) _____ Course fees
   (3) _____ Books
   (4) _____ Stipend $__________ per month
   (5) _____ Other – Describe________________________________________

   Yes___  No___ Post 9/11 GI Bill (if yes, indicate percentage of maximum amount payable & months of eligibility) For new students: Please submit your Certificate of Eligibility with this form. For current students: please submit latest Award Three Letter with remaining amount of benefits.

   _______% (the percentage levels range from 40% to 100%)
   _______Months and _______Days of benefits

   Yes___  No___ VA Stipend (if yes, check applicable Chapter and fill in dollar amount)
   (1) _____ Chapter 30: $______ per month
   (2) _____ Chapter 35: $______ per month
   (3) _____ Chapter 1606: $______ per month
   (4) _____ Chapter 1607: $______ per month

   Yes___  No___ Army Continuing Education Benefits-Tuition Assistance (if yes, please indicate dollar amount: Fall $______ Spring $______

Signature _______________________________ Date __________________ 
Print Name _______________________________ ID __________________

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