

Mott Community College Statement of Veterans Benefits

Personal Information

Name _____ Student ID or Soc _____
Last First Mi

Permanent Address _____
No. Street City State Zip

Telephone Number _____ Email Address _____

VA Benefits

SEMESTER(S) ENROLLED:

- Fall (3.5)
- Winter (3.5)
- Spring (2.0)
- Summer (2.0)

Year _____

TYPE OF BENEFITS YOU MAY BE ELIGIBLE FOR & THE AMOUNT PER MONTH YOU EXPECT TO RECEIVE:

- | | | | |
|---------------------------------------|-----------------|----------------------|-------------------|
| <input type="radio"/> GI Bill | Chapter 30 | Monthly Amt \$ _____ | Term Amt \$ _____ |
| <input type="radio"/> Voc Rehab | Chapter 31 | Monthly Amt \$ _____ | Term Amt \$ _____ |
| <input type="radio"/> Dependent | Chapter 35 | Monthly Amt \$ _____ | Term Amt \$ _____ |
| <input type="radio"/> Reserve GI Bill | Chapter 1606/07 | Monthly Amt \$ _____ | Term Amt \$ _____ |

GUEST STUDENT

- Yes- If yes, name of college _____
- No

DO YOU RECEIVE OTHER VA BENEFITS (i.e. MVTF, VAVR)

- Yes- If yes, which benefit _____
- No

Signature _____ Date _____

Deliberate misrepresentation of veteran's benefits is prohibited and could result in disciplinary or legal action based on our Student Code of Conduct Policy.