



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 _____