



Department of Financial Aid  
PO Box 469/ Mellencamp Hall  
Milwaukee, WI 53201-0469  
(414) 229-4541 phone / (414) 229-5699 fax

**Department of Financial Aid**

**Verification of Veteran Status and Benefits**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

In order to continue processing your financial aid application the item(s) checked below must be answered by you. Return this completed form with any required documentation to the Financial Aid Office.

**Documentation of a Student's Independent Status Based on Veteran Status**

\_\_\_\_ I have served on active duty in the regular United States Armed Forces and have been discharged in a status other than dishonorable. I have enclosed a copy of my DD214 to verify my service.

\_\_\_\_ I am currently a reservist and have not completed my required tour of duty, therefore I am not a veteran.

\_\_\_\_ I am not a veteran of the United States Armed Forces and have never served in the military.

**Documentation of Eligibility for Veteran Educational Benefits**

\_\_\_\_ I am not eligible for educational benefits administered by the Veterans Administration under Chapter \_\_\_\_\_.

As of this date, if enrolled full-time, I am entitled to receive:

\$ \_\_\_\_\_ per month for up to \_\_\_\_\_ until \_\_\_\_\_ (expiration date).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_