



www.finaid.wvu.edu  
(360) 650-3470  
Old Main 265

*An equal opportunity university*  
**2009-2010 Verification of Veteran's Benefits**

Financial Aid  
516 High Street  
Bellingham, WA 98225-9006

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**Student Name**

**W**

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**Student Number**

**( )**

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**Telephone**

Federal regulations require verification of your veteran's educational benefits. Please provide the chapter number of your benefits, the amount you will receive per month, and the number of months you will receive veteran's educational benefits during the 2009-2010 academic year.

Chapter Number \_\_\_\_\_

Amount per Month \$ \_\_\_\_\_

Number of Months \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Mo. Yr. Mo. Yr.

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**Student Signature**

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**Date**