



CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office
P. O. Box 35009
Charlotte, NC 28235-5009
Telephone: (704) 330-6942
Fax: (704) 330-5053

Request for Veterans' Information

Name: _____ Student ID #: _____
(Please Print)

If you are receiving or will receive any Veterans' Educational benefits, please forward a copy of your VA award letter. If your award letter is not available, please complete the information below.

Please complete the appropriate section(s):

I will receive the Montgomery GI Bill Benefits (Chapter 30).
Amount per Month: \$ _____ Number of Months: _____

I will receive Selective Service Reserve Pay (Montgomery GI Bill – Chapter 1606).
Amount per Month: \$ _____ Number of Months: _____

I will receive the New REAP benefits (Chapter 1607).
Amount per Month: \$ _____ Number of Months: _____

I will receive Veterans' Dependents Educational Assistance Benefits (Chapter 35).
Amount per Month: \$ _____ Number of Months: _____

I will receive Vocational Rehabilitation Benefits (Chapter 31).
Amount per Month: \$ _____ Number of Months: _____

I will not receive my veterans' benefits.

Comments: _____

I certify that all of the information on this form is complete and correct and that I must contact the Financial Aid/VA Office if there are any changes.

Student Signature: _____ Date: _____