Get There.
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 receive the Post-9/11 GI Bill Educational Benefits (Chapter 33).**
Amount per Month: _____ **Number of Months:** _____

☐ **I will not receive my veterans' benefits.**

Comments:

☐ **I certify that the information I have provided is true and accurate.**

Student Signature: _____ **Date:** _____

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

PRINT

You should make a copy of this worksheet for your records.

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***