STATE OF NEW JERSEY • HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

2020-2021 Veterans Educational Benefits Statement

Student's Name:_____ _____ ____ **NJHESAA ID #:**_____
Last **First** **M.I.**

INSTRUCTIONS

- **You are required to complete this form because you answered "Yes" to "Are you a Veteran of the U. S. Armed Forces", question # 49 on your FAFSA application. (Provide form DD214 member - 4)**

- Will you receive veteran's educational benefits between July 1, 2020 and June 30, 2021?
  - ☐ Yes, I will receive VA educational benefits
  - ☐ No, I will not receive VA educational benefits.

If yes, provide information on the type of VA benefits, the monthly amount and the number of months for which you will receive these benefits in the section below.

Type of Veterans Benefits Received	Y/N	Monthly Amount	Number of Months
Montgomery GI Bill Active Duty (Chapter 30)	☐/☐		-
Post 9/11 GI Bill (Chapter 33)	☐/☐		-
Montgomery GI Bill Selected Reserve (Chapter 1606)	☐/☐		-
Reserve Educational Assistance Program (Chapter 1607)	☐/☐		-
Vocational Rehabilitation and Employment (Chapter 31)	☐/☐		-
Dependents' Educational Assistance (Chapter 35)	☐/☐		-
Any other type of veterans education benefits	☐/☐		-

I certify that the information above is correct and complete to the best of my knowledge.

Required Student's Signature: _____ Date:_____

PRINT AND SIGN

To submit this form, visit www.njgrants.org select the 'Grants' tab then click 'Upload Document'.