

**Returning Veterans Tuition Assistance
2009-10 Application**

Eligibility Criteria:

- Discharged/released from active duty for purposes other than training since January 1, 2008 and beginning or returning to WMU.
- In a discharge/release status eligible for VA benefits.

Award Description:

- Available in the first semester attending or returning to WMU.
- Pays tuition and mandatory fees not covered by any other tuition specific program. This assistance does not cover flight fees. Payments will be adjusted throughout the year as additional resources are received or reported, which may result in balance due on your account.
- Awarded one time per eligible student.
- Michigan resident classification for all future semesters of tuition.
- Students who enroll in a summer 2009 session as their first semester may elect to defer the payment of the assistance until fall 2009.

Name _____ WIN _____

Please indicate the number of hours you intend to enroll for, next to the semester you wish to receive assistance:

Summer II 2009 _____ Fall 2009 _____ Spring 2010 _____ Summer I 2010 _____

Please indicate your residency classification: _____ Michigan Resident _____ Non-resident of Michigan

Please indicate how much you will receive from each of the following from July 1, 2009 through June 30, 2010:

Chapter 31 tuition benefits	\$ _____	_____ %
Chapter 33 tuition benefits	\$ _____	_____ %
Army Tuition Assistance	\$ _____	_____ %
Michigan S.E.R.P	\$ _____	_____ %
R.O.T.C	\$ _____	_____ %
Other military or VA tuition assistance	\$ _____	_____ %
Employer/Third Party tuition assistance	\$ _____	_____ %

Will you be a member of the National Guard or the Active Reserve while enrolled?

Please specify: _____

If you have not yet done so, please contact the WMU VA Representative in the Registrar's Office and complete VA Form 22-1990, "Application for Educational Benefits, as well as completing the 2009-10 FAFSA, "Free Application for Federal Student Aid" located at www.fafsa.ed.gov. Doing so will ensure you receive the maximum financial aid you may be eligible to receive.

By signing and submitting this application, I am certifying the above information to be true and accurate. I understand that any additional information regarding funds available to me obtained by the University, may result in my account being adjusted for this award. I understand and agree to the terms outlined in the award description above.

Student Signature

Date

Return this application with a copy of your most recent DD-214 to:

Western Michigan University
Office of the Registrar
Attn: Brenda Hamlyn
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5286