



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: \_\_\_\_\_