



## 2008-2009 Verification of Receipt of Veterans Benefits

Name: \_\_\_\_\_ Stony Brook ID # \_\_\_\_\_

You reported in questions 46 & 47 on the 2008-2009 FAFSA application that you receive veterans' education benefits. Is this correctly reported?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked YES, are the benefits the Montgomery GI Bill-Active Duty (Chapter 30) veterans' education benefits?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked YES, please indicate for which time periods you will be receiving these benefits as well as the amount for each period.

Summer 2008 **TOTAL Amount** – (DO NOT PROVIDE MONTHLY AMOUNTS) \_\_\_\_\_  
(06/02/2008 – 08/21/2008)

Fall 2008/Spring 2009 **TOTAL Amount** – (DO NOT PROVIDE MONTHLY AMOUNTS) \_\_\_\_\_  
(09/02/2008 – 05/19/2009)

I certify that the information provided is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

- | Y                        | N                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Student reported benefits in error – resource removed from package            |
| <input type="checkbox"/> | <input type="checkbox"/> | Stafford loan changed from unsubsidized to subsidized                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Based on reported benefits, it was necessary to change resource amounts/terms |
| <input type="checkbox"/> | <input type="checkbox"/> | 9VTB09 Checklist Item completed   |
| <input type="checkbox"/> | <input type="checkbox"/> | Change of aid checklist created   |

# Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

## **School of Medicine**

Office of Student Affairs  
HSC Level 4, Room 147  
Stony Brook, NY 11794-8436  
Telephone: 631-444-2341  
Fax: 631-444-8921  
[mallen@notes.cc.sunysb.edu](mailto:mallen@notes.cc.sunysb.edu)

## **School of Dental Medicine**

Office of Academic Affairs, Admissions  
115 Rockland Hall, Financial Aid  
Stony Brook, NY 11794-8709  
Telephone: 631-632-3027  
Fax: 631-632-7130  
[Deborah.Schade@stonybrook.edu](mailto:Deborah.Schade@stonybrook.edu)

## **Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health**

Health Sciences Center Office of Student Services  
HSC Level 2, Room 271  
Stony Brook, NY 11794-8276  
Telephone: 631-444-2111  
Fax: 631-444-6035  
[hscstudentservices@stonybrook.edu](mailto:hscstudentservices@stonybrook.edu)

## **All Other Graduate and Undergraduate Programs**

Office of Financial Aid and Scholarship Services  
Administration Building Room 180  
Stony Brook, NY 11794-0851  
Telephone: 631-632-6840  
Fax: 631-632-9525  
[finaid@stonybrook.edu](mailto:finaid@stonybrook.edu)