



Post 9/11 (Ch.33) Veterans Disclosure Form Other Benefits Received

Name _____ Date _____

ASU Student ID (SSN if no ASU ID) _____

Please check the benefit(s) that apply to you:

- I do not receive any benefits other than my Post 9/11 (Ch. 33) GI Bill
- Scholarship (any type)
- Tuition Assistance (military)
- Tuition Assistance (employer)
- Tuition only Waiver
- Tuition & Fees Waiver
- State VA Scholarship Program (Tuition & Fees paid)
- TOE – Transfer of Entitlement: if so, is spouse on active duty? ____Yes or ____No
- Other _____

Signature