Post 9/11 GI BILL
Additional Resources for Tuition and Fees Only

The following data is required by VA regulation to calculate actual net cost for in-state tuition and fees after application of any waiver, scholarship, aid or assistance [other than loans and funds provided under section 401 (b) of the Higher Education Act of 1965] provided directly to the institution and specifically designated for the sole purpose of defraying tuition and fees. Send the Auburn University Veterans Resource Center a copy of any award letter(s) to 217 Foy Hall, Auburn University, AL 36849. Or email to veterans@auburn.edu.

DO NOT REPORT STUDENT LOANS OR PELL GRANTS

AU ID #: __________________ Name: _______________________________________________________

Term/Semester: __________________________ Year: __________________

University Scholarship(s): Yes: ___ No: ___ Amt per year: $__________

Departmental Scholarship(s): Yes: ___ No: ___ Amt per year: $__________

Other Scholarship(s): Yes: ___ No: ___ Amt per year: $__________

Athletic Scholarship: Yes: ___ No: ___ Amt per year: $__________

Graduate Assistantships, Waivers or Fellowships or Employee/Dependent Waivers: Type or Name: __________________________________________________________ Amt per year: $ __________

Alabama Disabled Veteran Dependent Scholarship Program – Alabama Disabled Veteran Scholarship:

In-State: _________ Out-of-State __________

Alabama Vocational/Rehabilitation, Tuition and Fees Only: Yes: _____ No: ______

Another States (FL, GA etc.) Vocational Rehab Program, Tuition and Fees Only: Yes: _____ No: ______

Army, Air Force, Navy, Marine Corps ROTC Scholarship: Yes: _____ No: _____ Tuition & Fees Only: $__________

Air Force Society & Other Services/Agency Aid Societies: Yes: ___ No: ___ Tuition & Fees Only: Yes: ___ No: ___


Health Professions Scholarship (HISP) or Government Employees’ Training Act (GETA) Yes: ___ Amt: $_______

Other non-federal financial aid, scholarship or waiver that pays solely for tuition and fees: Yes: _____

Name(s): __________________________________________________________ Amt: $ __________

I acknowledge that failure to correctly report other resources, intentionally or by mistake, will delay my payments and may create an overpayment to the school or the Department of Veteran Affairs or both.

Student’s Signature: ___________________________ Date: _______________