Chapter 30 - Entitlement

Indicate the number of days you have served in active duty: _______

Indicate your Entitlement (the number of months in full time benefits remaining to a veteran or dependent): _______

____________________________________
Print Name

____________________________________
Signature

____________________________________
Date

Please submit to the following location:

Jason Morgenthal, Veterans’ Affairs Representative/Senior Financial Aid Officer
Veterans’ Affairs Office
Florida Atlantic University
777 Glades Road
Boca Raton, Fl 33431-0991

Office Use Only:

Delimiting Date (the date on which an eligible person loses all the entitlement(s) he/she has not used.) _______________