

GI Bill® Chapter 33 Post 9/11 Agreement

Name: _____ PRN: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Initials _____ I understand that I am responsible for any and all payments due by the due date listed on my bill that not covered by my VA educational disbursement. In the event I find I am not eligible for Chapter 33 benefits or if I do not elect the correct beginning date for benefits to start, I understand that I am responsible any and all payments to include any late and/or finance fees

Initials _____ If I am not awarded 100%, I will arrange payment with UNE by the bill due date for the amount I am responsible for paying. Failure to pay will result in a suspension of benefits.

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