



SIMUTANOUS USE OF BENEFITS STATEMENT OF UNDERSTANDING

(Claims to the Department of Veterans Affairs for Education Benefits cannot be processed in conjunction with State of Indiana Veteran Benefits unless this has been signed and on file)

By signing this Statement of Understanding, I acknowledge my understanding of my educational benefits under the Department of Veterans Affairs under:

Check one	BENEFIT	VA INFORMATION LINK
	33 Post 9/11	http://benefits.va.gov/GIBILL/resources/benefits_resources/rates/ch33/ch33rates080115.asp
	35 Dependents Educational Assistance Program (DEA)	http://www.benefits.va.gov/gibill/resources/benefits_resources/rates/ch35/ch35rates100113.asp
	Fry Scholarship	https://gibill.custhelp.com/app/answers/detail/a_id/1411/~/_what-is-the-fry-scholarship-and-who-is-eligible%3F

I also understand that I am eligible for benefits under the State of Indiana or US Army under:

Check one	BENEFIT	STATE VETERAN INFORMATION LINK
	Tuition and Fee Exemption for Child of a Disabled Veteran	https://secure.in.gov/dva/2378.htm
	Tuition and Fee Exemption for Child of a Purple Heart Medal Recipients	https://secure.in.gov/dva/2378.htm
	Tuition and Fee Exemption for Purple Heart Medal Recipient	https://secure.in.gov/dva/2449.htm
	Federal Tuition Assistance Program / National Guard Supplemental Grant	http://myarmybenefits.us.army.mil/Home/Benefit_Library/Federal_Benefits_Page/Tuition_Assistance_%28TA%29.html

Under state and/or federal (including VA) programs, I understand that I receive tuition and fee claims and choose to utilize both forms of veteran educational benefits concurrently along with any additional forms of financial assistance I may receive.

I further understand by using both state and VA benefits, that I am also exhausting the total time allotment for each individual benefit concurrently and understand that once exhausted, I cannot utilize these benefits for any continuing courses in my current or future programs of study or terms.

I understand that my signature on this statement of understanding excuses the University of Southern Indiana and its agents from any liability or responsibility from this action as I recognize my responsibilities of understanding the benefits under the state and federal programs and other financial assistance I may receive.

I also understand that these benefits, along with any other financial assistance I may receive, may not cover the entire cost of my tuition or fees under the provisions of the individual benefit or additional financial assistance and I will be responsible for any expense that are not covered or returned by policy of the individual benefit.

I understand that my signature on this statement of understanding allows the University of Southern Indiana's Veteran Military and Family Resource Center and Financial Assistance Office to file claims on my behalf for the aforementioned benefits until I provide a statement in writing to each office requesting that action to cease.

A copy of this statement of understanding was provided to me for my records. _____ (initials)

Signature and Written Name

Date

Student ID Number