

**APPLICATION FOR VA EDUCATION BENEFITS  
(VA FORM 22-1990)**

Use this form to apply for educational assistance under the following benefit programs:

- Post- 9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S. Code
- Montgomery GI Bill - Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 903 of Public Law 96-342

**INFORMATION AND INSTRUCTIONS  
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS**

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Marine Gunnery Sergeant John David Fry Scholarship (chapter 33 of title 38, U.S. code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at [www.va.gov/vaforms](http://www.va.gov/vaforms) or can be obtained from the nearest VA regional office. They may also be available where you received this application.

**INTERNET VERSION AVAILABLE** - You may complete and submit this application on-line at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). Click "Apply On Line" and select the "Education" option.

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE** - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at the Federal Relay, 711.

**PART I**

**NOTE:** The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.

**NOTE:** A specific single period of service may not be used towards establishing eligibility for more than one benefit. Therefore, once a period of service has been applied toward a specific benefit, that period of service may not be used again toward a different benefit. However, there is one exception to this rule. With regard to Chapter 33, a period of service beginning before August 1, 2011, can be used to establish eligibility to Chapter 33 even if it has already been used to establish eligibility to a different benefit.

**Item 7.** The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients). To enroll in direct deposit, provide the information requested in Item 7 **and** attach either a voided personal check **or** a deposit slip to match the information in Item 7. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits.banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

**PART II**

**ITEM 9A.** You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

**ITEM 9B.** You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. **NOTE:** You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

**OR**

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

**OR**

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by \$1,200

**OR**

You were involuntarily separated from active duty after February 2, 1991

**OR**

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid \$1,200

**OR**

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid \$2,700.

**ITEM 9C.** You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

**ITEM 9D.** You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account.

You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903", if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

**ITEM 9E.** If you are eligible for MGIB or MGIB-SR, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB or MGIB-SR), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 48 months of benefits under two or more programs. If you elect chapter 33 in lieu of MGIB or MGIB-SR and you have used MGIB in the past, your months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under the relinquished chapter 30 benefit on the effective date of your election. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

**NOTE:** An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is **IRREVOCABLE**. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill) or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

### PART III

**ITEM 10A.** Self-explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up." This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

### PART VIII

*QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1978).* If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**ITEM 24.** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at [www.va.gov/opa/marriage](http://www.va.gov/opa/marriage).

### ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our education Internet site [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

### HOW TO FILE YOUR CLAIM

Be sure to do the following:

**(A) If you have selected a school or training establishment:**

Step 1. Mail the completed application to the VA Regional Processing Office for the state or region of that school's physical address. See page 3 for the addresses of VA Regional Processing Offices.

Step 2. Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3. Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**(B) If you haven't selected a school or training establishment:**

Step 1: Mail the completed application to the VA Regional Processing Office for the state or region of your home address. See the addresses below for VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P.O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>									
SERVES THE FOLLOWING STATES									
CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO / FPO AA		FOREIGN SCHOOLS			US VIRGIN ISLANDS		

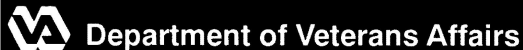
<b>Western Region:</b> <b>VA Regional Office</b> <b>P.O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>									
SERVES THE FOLLOWING STATES									
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO / FPO AP		GUAM		PHILIPPINES		AMERICAN SAMOA		MARIANA ISLANDS	

**REQUEST TO OPT OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS**

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also known as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a veteran or other eligible individual is entitled. If you are eligible for the Post-9/11 GI Bill (Chapter 33), Montgomery GI Bill-Active Duty (Chapter 30), Montgomery GI Bill - Selected Reserve (Chapter 1606), or the Survivors' and Dependents Educational Assistance Program (DEA) (Chapter 35), you may elect to "opt-out" of these disclosures and have VA withhold this information instead. To request an opt-out, or for information about how to opt-out, please refer to our website at [va.gov](http://va.gov), or click <https://www.va.gov/find-forms/> to complete the VA Form 22-0993, *Request to Opt-Out of Information Sharing with Educational Institutions*.

**Privacy Act Notice:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

*INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).*

### PART I - APPLICANT INFORMATION

<p>1. SOCIAL SECURITY NUMBER OF APPLICANT</p> <div style="border: 1px solid black; padding: 2px;"> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> </div>	<p>2. GENDER OF APPLICANT</p> <p> <input type="checkbox"/> FEMALE    <input type="checkbox"/> MALE         </p>	<p>3. APPLICANT'S DATE OF BIRTH</p> <p>                 Month          Day          Year  <div style="border: 1px solid black; padding: 2px;"> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> </div> </p>						
<p>4. NAME (First, Middle Initial, Last)</p> <div style="border: 1px solid black; padding: 2px;"> <span style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></span> </div>								
<p>5. APPLICANT'S ADDRESS</p> <p>Number and Street    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></span></p> <p>                                <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 40%;"></span>      Apt./Unit Number    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;"></span></p> <p>City, State, ZIP Code    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"></span>    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 10%;"></span>    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;"></span></p>								
<p>6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)</p> <p>Home:    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span></p> <p>Mobile:    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 15%;"></span></p>								
<p>6B. APPLICANT'S E-MAIL ADDRESS (Required)</p> <div style="border: 1px solid black; padding: 2px;"> <span style="border-bottom: 1px solid black; width: 100%; display: inline-block;"></span> </div>								
<p>7. DIRECT DEPOSIT (To enroll in direct deposit, attach a voided personal check <u>or</u> deposit slip to match the information provided below. Direct Deposit is not available for Chapter 32 recipients. See Instructions for additional Direct Deposit information.)</p> <p>Routing or Transit Number    <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;"></span>      Account Type      Account Number</p> <p>  <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;"></span>      Checking    <input type="checkbox"/>    Savings    <input type="checkbox"/>      <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;"></span></p>								
<p>8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">A. NAME</th> <th style="width: 33%;">B. ADDRESS</th> <th style="width: 33%;">C. PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>			A. NAME	B. ADDRESS	C. PHONE NUMBER			
A. NAME	B. ADDRESS	C. PHONE NUMBER						

### PART II - EDUCATION BENEFITS BEING APPLIED FOR

*For help with completing this section, please see the attached instructions page or visit our website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)*

9A. Chapter 33 - Post-9/11 GI Bill (After checking this box, check and complete Item 9E, if you are receiving, or if you are eligible for benefits under Chapter 30 or Chapter 1606).

9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

9D. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)

9E. By electing Chapter 33 in Item 9A, I acknowledge that I understand the following:

- I may not receive more than a total of 48 months of benefit entitlement under two or more of the education programs listed on this application.
- If electing Chapter 33, in lieu of Chapter 30, my months of entitlement under Chapter 33 will be limited to the number of months of entitlement remaining under Chapter 30 on the effective date of my election.
- I will not receive a Montgomery GI Bill (Active Duty-Chapter 30 or Selected Reserve-Chapter 1606) "Kicker" under the Post-9/11 GI Bill, unless I was eligible for the kicker at the time I applied and I relinquished that benefit for the Post-9/11 GI Bill-Chapter 33.
- When choosing the effective date below, I understand that benefits for training under Chapter 33 are not payable prior to that date.

**ACKNOWLEDGEMENT:** I elect to receive Chapter 33 education benefits **effective** \_\_\_\_\_, in lieu of the education benefit checked below. *(Date)*

By checking the box below, I am acknowledging that I understand that this election is **irrevocable** and may not be changed, and that failure to check one of the boxes below may cause a delay in the processing of this claim. **(PLEASE CHECK ONLY ONE BOX FOR THE BENEFIT YOU RELINQUISH FOR CHAPTER 33.)**

You MUST check only one box below:

Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

	<p><b>VA DATE STAMP</b> (Do Not Write In This Space)</p>
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**PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING**

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

- |  |  |
|--|--|
| <input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)                             | <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB                        |
| <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING  | <input type="checkbox"/> CORRESPONDENCE                                      |
| <input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)                                   | <input type="checkbox"/> TUITION ASSISTANCE TOP-UP<br>(Chapter 30 & 33 only) |
| <input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT<br>(MCSE, CCNA, EMT, NCLEX, ETC.) |  |

10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN (Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)

**PART IV - SERVICE INFORMATION**

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training)
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the Guard/Reserves

11. ARE YOU ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the Selected Reserve, or if you are on active duty for training)

- YES  NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

- YES  NO (Please provide a copy of your DD Form 214 (Member 4) when issued)

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, etc.)	D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
<b>EXAMPLES</b>				
9/26/2000	9/24/2004	USMC	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A

14. VA will assume that you want us to apply every period of service that you have identified in Item 13 above to the single, specific benefit you are applying for in Part II (the benefit chosen between Items 9A thru 9D). However, if there are specific periods of service that you do not want applied to the benefit selected in Part II (Items 9A thru 9D), then please identify in the space below the periods of service and the corresponding benefit program(s) to which you would like them applied.

**NOTE:** A specific single period of service may not be used towards establishing eligibility for more than one benefit. Therefore, once a period of service has been chosen and applied toward a specific benefit, that period of service may not be used again toward a different benefit. However, there is one exception to this rule. With regard to Chapter 33, a period of service beginning before August 1, 2011, can be used to establish eligibility to Chapter 33 even if it has already been used to establish eligibility to a different benefit.

**PART V - EDUCATION AND EMPLOYMENT INFORMATION**

15A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

- YES DATE: \_\_\_\_\_  NO

15B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

- YES  NO

15C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)					
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock)	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

15D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)			
EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			

**PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE**

16. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.	<b>ACTIVE DUTY KICKER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>RESERVE KICKER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
18. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.	Graduation Year  _____
19. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).  Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO  Date of Commission _____
20. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. <b>FOR ACTIVE DUTY CLAIMANTS ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. <b>FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART VII - INFORMATION ON VA EDUCATION BENEFITS**

**NOTE:** The most current information on VA education benefits is available online at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).  
 If you would like to receive a printed pamphlet check here.

**PART VIII - MARITAL AND DEPENDENCY STATUS**

**NOTE:** Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

24. ARE YOU MARRIED?

YES  NO

25. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, **OR** OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, **OR** OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

YES  NO

26. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?

YES  NO

**PART IX - REMARKS**

*(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)*

**APPLICATION SUBMISSION REMINDERS**

Did you remember to .....

- Write your social security number on each page?
- Write your complete mailing address and email address?
- Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?
- Check only one of the boxes below Item 9F of the benefit you are relinquishing in order to receive Chapter 33?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

**PART X - CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

**PENALTY** - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

27A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

27B. DATE SIGNED (MM/DD/YYYY)