



# APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

**INTERNET VERSION AVAILABLE.** You can submit this application over the Internet at the following site: [www.gibill.va.gov](http://www.gibill.va.gov)

## PART I - APPLICANT INFORMATION

1. EDUCATION BENEFIT BEING APPLIED FOR:	
<input type="checkbox"/> A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.) <input type="checkbox"/> B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342) <input type="checkbox"/> C. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (Chapter 1606, Title 10 U.S.C.) <input type="checkbox"/> D. SPOUSE OR CHILD'S APPLICATION FOR MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 10 U.S.C.) UNDER TRANSFER OF ENTITLEMENT PROVISIONS <input type="checkbox"/> E. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME	
2. NAME OF APPLICANT (First, Middle, Last)	3. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. DATE OF BIRTH OF APPLICANT (Month, Day, Year)	5. SOCIAL SECURITY NUMBER OF APPLICANT
6. ADDRESS OF APPLICANT	
7. ARE YOU A VETERAN OR SERVICE MEMBER APPLYING FOR VA EDUCATION BENEFITS BASED ON YOUR OWN SERVICE? (If "No," complete Items 8 thru 14 in Part II. If "Yes," skip to Part III, Item 15) <input type="checkbox"/> YES <input type="checkbox"/> NO	

## PART II - TRANSFER OF ENTITLEMENT INFORMATION

(Only Spouse and Child should complete Part II)

8. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU? <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	9. IF YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER IS A SPOUSE OR CHILD, IS VA FORM 21-686c ATTACHED? (See Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO
10. NAME OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU (First, Middle, Last)	11. SEX OF VETERAN OR SERVICE MEMBER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
13. ADDRESS OF VETERAN OR SERVICE MEMBER	12. SOCIAL SECURITY NUMBER OF VETERAN OR SERVICE MEMBER
	14. DATE OF BIRTH OF VETERAN OR SERVICE MEMBER (Month, Day, Year)

## PART III - ADDITIONAL APPLICANT INFORMATION

15. TELEPHONE NUMBER OF APPLICANT (Including Area Code)		16. E-MAIL ADDRESS OF APPLICANT	
A. DAY ( )	B. EVENING ( )		
<b>17. DIRECT DEPOSIT INFORMATION</b> Please attach a voided personal check or provide the following information. Direct Deposit may not be available for VEAP. See Item 17 of Instructions.			
A. TYPE OF ACCOUNT (Check the type of account. If you do not have an account, check the box) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I DO NOT HAVE AN ACCOUNT			
B. NAME OF FINANCIAL INSTITUTION	C. ACCOUNT NUMBER	D. ROUTING OR TRANSIT NUMBER	
18. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED			
19. TYPE OF EDUCATION BENEFITS PREVIOUSLY APPLIED FOR (Check all applicable boxes) (See Instructions for information about these education benefits)			
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS		<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS	
<input type="checkbox"/> B. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS		<input type="checkbox"/> D. DISABILITY COMPENSATION OR PENSION BENEFITS	
<input type="checkbox"/> E. NONE		<input type="checkbox"/> F. OTHER (Specify)	
<b>COMPLETE ONLY IF ITEM 19B IS CHECKED</b>		20A. NAME OF VETERAN - PARENT/SPOUSE	20B. VETERAN - PARENT/SPOUSE'S FILE NUMBER
21. HAVE YOU ALREADY RECEIVED AN INFORMATION PAMPHLET EXPLAINING EDUCATION BENEFIT YOU ARE APPLYING FOR? (See Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO			

**22. PROGRAM OF EDUCATION OR TRAINING**

A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL *(Please specify)*

B. HAVE YOU SELECTED THE SPECIFIC PROGRAM OF EDUCATION YOU PLAN TO TAKE? *(If "Yes," list each diploma and specific degree or vocational course you anticipate needing to reach the final degree or occupation you showed in Item 22A. If "No," leave this item blank)*

YES  NO

C. EDUCATION OR TRAINING WILL BE BY: *(Check more than one, if necessary)*

- COLLEGE OR OTHER SCHOOL     APPRENTICESHIP OR ON-THE-JOB TRAINING     I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST
- CORRESPONDENCE     VOCATIONAL FLIGHT TRAINING     TUITION ASSISTANCE TOP-UP

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? *(If "Yes," Specify its complete name and mailing address. If "No," leave this item blank.) (If you are only applying for licensing and certification tests, do not answer this question, but skip to Item 23)*

YES  NO

E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? *(If "Yes," specify the date. If "No," leave this item blank)*

YES  NO

F. DO YOU PLAN TO TAKE ANY REFRESHER COURSES? *(See Instructions for Item 22F) (If "Yes," list the refresher courses by name and number and give your reasons for needing such training in Item 31, Remarks)*

YES  NO

**PART IV - SERVICE INFORMATION**

**23. ACTIVE DUTY INFORMATION**

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? *(Attach any Title 32 orders)*

YES  NO

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

YES  NO

C. ARE YOU A SERVICE ACADEMY (i.e., WEST POINT, NAVAL ACADEMY, ETC.) GRADUATE? *(If "Yes," specify the year you graduated and received your commission)*

YES  NO

D. WERE YOU COMMISSIONED AS A RESULT OF ROTC (RESERVE OFFICERS TRAINING CORPS) SCHOLARSHIP? *(If "Yes," specify in Remarks, Item 31, the date of your commission and the amount of your scholarship for each school year you were in the ROTC program. Do not report your monthly subsistence allowance)*

YES  NO

**24. PERIODS OF ACTIVE DUTY**

Please give the following information about each period of active duty. You should complete Items 24A through 24F unless you are a veteran and you are attaching a certified copy of your discharge paper or orders for each of your periods of active service. (Do not report any Active Duty for Training. See Instructions for these items.)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? <i>(If "Yes," attach copies of your orders)</i>	F. IF SERVICE IS NATIONAL GUARD, INDICATE IS AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE) <i>(If Title 32, attach copies of your orders)</i>

You should specify in Item 31, Remarks, any periods of active duty which reflect:

- a. Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- b. Attendance at a service academy;
- c. Non-creditable time. (Time lost because of industrial or agricultural furlough, under arrest without acquittal, AWOL, desertion, undergoing sentence of court-martial, etc.)

**25. CHAPTER 30 CLAIMANTS ONLY**

A. COMPLETE THIS ITEM ONLY IF YOU CHECKED BOX 1A. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, YOU MUST CHECK "YES" AND SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN ITEM 31, REMARKS

YES  NO

B. DO YOU QUALIFY FOR A "KICKER"? ("KICKERS" ARE AMOUNTS CONTRIBUTED BY DEPARTMENT OF DEFENSE TO AN EDUCATION FUND ON BEHALF OF INDIVIDUALS TO ENCOURAGE ENLISTMENT OR RETENTION IN THE ARMED FORCES, USUALLY IN SPECIALIZED AREAS. THE MILITARY ALSO CALLS THIS THE "COLLEGE FUND.") IF YOU QUALIFY FOR A "KICKER", YOU MUST CHECK "YES" AND SHOW THE PERIOD OF ACTIVE DUTY THAT THE "KICKER" APPLIES TO IN ITEM 31, REMARKS

YES  NO

C. COMPLETE THIS ITEM ONLY IF YOU CHECKED BOX 1A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? IF YOU MADE ANY ADDITIONAL CONTRIBUTIONS, YOU MUST CHECK "YES" AND SHOW THE AMOUNT OF YOUR ADDITIONAL CONTRIBUTIONS IN ITEM 31, REMARKS

YES  NO

**26. PERIODS OF RESERVE OR NATIONAL GUARD INFORMATION**

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD? *(Do not list Individual Ready Reserve service)*

YES  NO

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD	D. RESERVE OR GUARD COMPONENT

E. DO YOU QUALIFY FOR A "KICKER"? ("KICKERS" ARE AMOUNTS CONTRIBUTED BY DEPARTMENT OF DEFENSE TO AN EDUCATION FUND ON BEHALF OF INDIVIDUALS TO ENCOURAGE ENLISTMENT OR RETENTION IN THE RESERVE OR NATIONAL GUARD FORCES, USUALLY IN SPECIALIZED AREAS.) IF YOU QUALIFY FOR A "KICKER", YOU MUST CHECK "YES" AND SHOW THE PERIOD OF ACTIVE DUTY THAT THE "KICKER" APPLIES TO IN ITEM 31, REMARKS

YES  NO

**PART V - EDUCATION AND EMPLOYMENT INFORMATION**

27A. DID YOU GRADUATE FROM HIGH SCHOOL? *(If "Yes," state the date of your graduation)*

YES  NO

27B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? *If "Yes," state the date you completed the requirements for this certificate)*

YES  NO

27C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING *(See Instructions)*)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER <i>(Include City and State)</i>	DATES OF TRAINING		HOURS <i>(Semester, Quarter, or Clock)</i>	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

27D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? *(If "Yes," specify each certificate in Item 31, Remarks)*

YES  NO

**28. EMPLOYMENT *(Answer either lines A and B or C and D)***

EMPLOYMENT (HAVING MILITARY SERVICE)	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
A. BEFORE ENTERING MILITARY SERVICE			
B. AFTER LEAVING MILITARY SERVICE			
EMPLOYMENT (HAVING NO MILITARY SERVICE)	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
C. JOB 1 (SINCE LEAVING HIGH SCHOOL)			
D. JOB 2 (SINCE LEAVING HIGH SCHOOL)			

**PART VI - ENTITLEMENT TO OTHER TYPES OF GOVERNMENT ASSISTANCE**

*(See Instructions. If you check "Yes" to any of these questions, give full details in Item 31, Remarks.)*

NOTE: Do not answer Item 29A if you are applying for Tuition Assistance Top-up only. Claimants can receive both TA (Tuition Assistance) from the military and Tuition Assistance Top-up from VA for the same course.

29A. 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 VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, YOU MUST CHECK "YES" AND SHOW COMPLETE DETAILS IN ITEM 31, REMARKS. YOU NEED TO IDENTIFY THE SOURCE OF THE FUNDS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29B. COMPLETE ONLY IF YOU HAVE CHECKED ITEM 1C, CHAPTER 1606 BENEFITS. IF YOU ARE PARTICIPATING IN AN ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107, TITLE 10, U.S. CODE? (DO NOT INCLUDE MONTHLY SUBSISTENCE ALLOWANCE.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
29C. THIS QUESTION IS FOR CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT IS NOT FOR ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. IF YOU ARE A CIVILIAN EMPLOYEE OF THE FEDERAL GOVERNMENT, CHECK "YES" IN THIS ITEM. THEN, COMPLETE ITEM 29D.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29D. IF YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE, YOU MUST CHECK "YES" AND SHOW COMPLETE DETAILS IN ITEM 31, REMARKS. DESCRIBE THE SOURCE OF THESE FUNDS.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART VII. MARITAL AND DEPENDENCY STATUS** (See Instructions)

NOTE: ONLY COMPLETE THIS ITEM IF YOU CHECKED ITEM 1A, MONTGOMERY GI BILL - ACTIVE DUTY with military service (or delayed entry) **before** January 1, 1977. See Instructions.

30A. ARE YOU CURRENTLY MARRIED?  YES  NO

30B. DO YOU HAVE ANY CHILDREN WHO ARE:



(1) UNDER AGE 18? OR  YES  NO

(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR  YES  NO

(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?  YES  NO

30C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?  YES  NO

31. REMARKS (If more space is needed, please attach separate sheet of paper)

**PART VIII. CERTIFICATIONS**

**CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

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.

32A. SIGNATURE OF APPLICANT (DO NOT PRINT)

32B. DATE SIGNED

**SIGN HERE  
IN INK** 

**CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY**

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

33A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

33B. DATE SIGNED

**SIGN HERE  
IN INK** 

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

## HOW TO USE THESE INSTRUCTIONS AND APPLY FOR BENEFITS

This form is available on the Internet. We suggest that you file your application by going to [www.gibill.va.gov](http://www.gibill.va.gov) and submitting your application electronically.

Tear off these instructions from the portion of the application form that you fill in. We suggest that you place these instructions next to the application form. This can assist you in referring to the instructions as you complete each item either on the paper form or electronically.

If you submit your application electronically, VA will automatically transfer your application to the Regional Processing Office that handles your claim.

If you submit your application on the paper version, see HOW TO FILE YOUR CLAIM at the end of these instructions for information on where to send your completed application form.

## SPECIFIC INSTRUCTIONS

**NOTE: The numbers on the instructions match the item numbers on the application.**

**PART I. DO NOT USE THIS FORM TO APPLY FOR VOCATIONAL REHABILITATION BENEFITS (chapter 31) OR DEPENDENTS' EDUCATIONAL ASSISTANCE (chapter 35). Vocational Rehabilitation benefits**, which are for veterans with a service-connected disability, and **Dependents' Educational Assistance benefits**, which are for spouses and children of veterans who are 100% disabled due to a service-connected disability or who died from a service-connected disability, require different application forms, available at your nearest VA regional office. The application for Vocational Rehabilitation benefits (**VA Form 28-1900**) and the application for Dependents' Educational Assistance benefits (**VA Form 22-5490**) are on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms). These forms may also be available where you received this application.

**PART II.** Complete Part II only if you are the spouse or child of a person who has transferred entitlement to you.

**PARTS III, IV, V, VI, AND VII.** Complete Parts III, IV, V, VI, and VII of this application to give additional information for the programs shown in Part I.

**ITEM 1.** Check the block next to the education benefit you wish to apply for. You may use only one type of education benefit at a time.

See Item 21 INSTRUCTIONS for information on VA's education benefits pamphlets for the benefits listed in Item 1.

**ITEM 1A.** You may be eligible for Montgomery GI Bill, (Eligibility Based on Active Duty), also referred to as 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 (this is not a complete list):

(1) You first entered service on or after July 1, 1985,

AND

you didn't decline this benefit at your initial entry into service.

OR

(2) 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.

OR

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

OR

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

OR

(5) You were on active duty and a participant in the VEAP program on or before October 9, 1996, elected chapter 30 benefits between October 9, 1996 and October 8, 1997 and paid \$1,200,

OR

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

**ITEM 1B. VEAP Information.** This program is also referred to as chapter 32. You may be eligible for VEAP if:

\* Your service began on or after January 1, 1977 through June 30, 1985,

**AND**

\* You contributed to a VEAP account.

**ITEM 1B. NON-CONTRIBUTORY VEAP Information.** This program is also referred to as Section 903. You may be eligible for Non-Contributory VEAP if:

\* Your service began on or after January 1, 1977 through June 30, 1985,

**AND**

\* Your service paid contributions into a VEAP account.

**ITEM 1C.** You may be eligible for Montgomery GI Bill -- Selected Reserve benefits, also known as chapter 1606, if:

\* You are a member of the reserve or National Guard and meet certain requirements, such as the length of your reserve commitment. (Eligibility for this program is determined by the Reserve or National Guard component.)

Attach a copy of your DD Form 2384, Notice of Basic Eligibility. This form is also called a "NOBE". Your reserve unit (for example, the Army Reserve or the Army National Guard) issues this notice to you at the time you become eligible for Montgomery GI Bill -- Selected Reserve benefits. If you are unable to obtain your copy, request a duplicate from your reserve unit.

**ITEM 1D.** You may be eligible for Education benefits as the spouse or child under the Transfer of Entitlement provision of Montgomery GI Bill -- Active Duty if:

\* You are a dependent of an individual eligible to transfer chapter 30 benefits to his or her dependents. The individual's military branch or service must approve his or her request to transfer benefits for you to be eligible.

\* The person eligible to transfer chapter 30 benefits designated you by name for using these transferred benefits. The person must also designate the number of months transferred, and the period (beginning date and ending date) for which the transfer is effective for each dependent designated by name. This is called a "Designation of Dependents". You should attach any documentation you have of this designation.

**ITEM 1E.** If you are unsure which benefit applies to you, check Item 1E and explain in Item 31, Remarks, why you think you are eligible.

**ITEM 2.** Show your name: first, middle initial, and last.

**ITEM 5.** Show your Social Security number unless you filed a previous VA claim of any kind and were assigned an 8-digit file number. If you filed a previous VA claim of any kind, show both this number and your social security number.

**ITEM 6.** Show your mailing address.

**ITEM 7.** If you are a veteran or service member applying for education benefits based on your own service, check "YES"; then, skip to Item 15.

If you are a spouse or child applying for chapter 30 benefits based on a veteran or service member transferring chapter 30 entitlement to you as his or her dependent, check "NO". Then complete Items 8 through 14.

**ITEM 8.** If you are a spouse or child applying for chapter 30 benefits based on a veteran or service member transferring chapter 30 entitlement to you as his or her dependent, check the appropriate block.

**ITEM 9.** If you are a spouse, or child applying for chapter 30 benefits based on a veteran or service member transferring chapter 30 entitlement to you as his or her dependent, you need that veteran or service member to complete VA Form 21-686c, Declaration of Status of Dependents. This form is available on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**ITEMS 10 through 14.** Self explanatory.

**ITEM 17.** VA is required to make direct deposit to your financial institution, unless direct deposit would cause you a hardship. If you wish direct deposit, the best method is to attach a voided personal check to your application.

Alternately, you may provide the routing or transit number from either your checking or savings account. The routing or transit number is normally the left most 9-digit number at the bottom left side of a check. It has two bars (up and down) separating this number from the account number. The account number is the number just to the right of the routing number.

**Caution:** The VEAP computer system can not handle direct deposit at this time. We will let you know if your VEAP payments will go direct deposit. If direct deposit is not available, we will issue VEAP payment by check until such time as our VEAP computer system is able to handle direct deposit.

**ITEM 18.** Please provide the name, address, and telephone number of someone who will always know where you can be reached. VA needs this information for administrative purposes.

**ITEM 19.** If you have previously applied for VA education benefits, place a check in all appropriate blocks.

You should check the "Veteran's Education Benefits" block if you received education benefits under the Vietnam Era GI Bill (chapter 34), or any of the current education benefits shown in these instructions.

You should check the "Disability Compensation or Pension Benefits" block if you applied for disability benefits based on your active duty.

You should check the "Dependents' Educational Assistance Benefits" block if you applied for VA benefits as the dependent child or spouse of a veteran who is permanently and totally disabled as the result of service-connected disabilities or who died on active duty. If you check this block, you should also show the name of your parent or spouse under which you received these benefits in Item 20A, and the VA file number (reference number) for your parent or spouse.

You should check the "Vocational Rehabilitation Benefits" block if you applied for VA education benefits as a disabled veteran.

If you do not know what benefit you previously applied for, state when you submitted the previous application, where you sent it, and what information, if any, that VA sent you in response to that application.

**ITEM 21.** VA publishes information pamphlets for each benefit. The information pamphlets furnish comprehensive information on the benefit program you are applying for. You should have received one of the following information pamphlets with your application:

a. VA Pamphlet 22-90-2, Summary of Educational Benefits Under the Montgomery GI Bill -- Active Duty Educational Assistance Program, Chapter 30, of Title 38 U.S.C.

b. VA Pamphlet 22-90-3, Summary of Educational Benefits Under the Montgomery GI Bill -- Selected Reserve Educational Assistance Program, Chapter 1606, of Title 10 U.S.C.

c. VA Pamphlet 22-79-1, Summary of Educational Benefits Under the Post-Vietnam Educational Assistance Program, VEAP.

If you check "NO," VA will send you one of these pamphlets based on your answer to the benefit in Item 1. You may also request a pamphlet from the person who furnished you this application.

**ITEM 22A.** If you have decided on your educational, professional or vocational goal, list your final objective (for example, Masters Degree, Certified Public Accountant, Computer Technician).

**ITEM 22B.** If you have selected the specific program of education you plan to take, show the name of the course of program of study you will take to achieve that goal (for example, Bachelors Degree in accounting, Computer Technology Diploma).

**ITEM 22C.** Self explanatory, except for the following items:

Check the "I seek reimbursement for a Licensing or Certifying Test" block if you want VA to send reimbursement for a Licensing or Certification Test. Claimants receiving benefits under chapter 1606 (Item 1C) cannot receive reimbursement. A Licensing Test is a test offered by a State, local, or federal agency which is required by law to practice an occupation. A Certification Test is a test designed to provide an affirmation of an individual's qualification in a specific occupation.)

Check the "Tuition Assistance Top-Up" block if you want VA to reimburse you for the difference between what the military pays for TA (Tuition Assistance) or other benefit for courses and the actual costs of these courses. (VA pays the difference which could be considered as "topping up" what the military pays.) This item is only payable for claimants receiving benefits under chapter 30 (Items 1A and 1D).

**ITEM 22D.** If you have selected your school or training establishment, state the complete name and mailing address of this facility. (Skip this item if you only checked either the "I seek reimbursement for a Licensing or Certification Test" block or only the "Tuition Assistance Top-Up" block.

**ITEM 22E.** Self explanatory. (Skip this item if you only checked either the "I seek reimbursement for a Licensing or Certification Test" block or only the "Tuition Assistance Top-Up" block.)

**ITEM 22F.** Refresher courses are either (1) courses at the elementary or secondary level to review or update material previously covered in a course that has been satisfactorily completed or (2) courses which permits an individual to update knowledge and skills or to be instructed in the technological advances which have occurred in the individual's field of employment during and since the period of his or her active military service. (Skip this item if you only checked either the "I seek reimbursement for a Licensing or Certification Test" block or only the "Tuition Assistance Top-Up" block.)

**NOTE ON CORRESPONDENCE TRAINING:** If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interest before you sign a contract with the school. Information on correspondence courses is available at the nearest U.S. Veterans Assistance Center or VA regional office. The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike the other training programs shown above, payments for correspondence courses are made quarterly after VA receives your certification showing the number of lessons you completed during the previous quarter. The information pamphlet described in Item 21 gives additional information on payments.

You must affirm a contract for enrollment in a correspondence course more than 10 days after you sign the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

**NOTE ON FLIGHT TRAINING:** If you plan to enroll in a flight course, you must 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 courses, you must have a valid **second-class medical certificate** on the date that you enter training.

**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 1-800-829-4833.**

**ITEM 23 through 26.** Active duty personnel have certain restrictions established by law (for example, limiting payments to tuition and fees, and no payments for dependents).

**ITEM 23A.** Self explanatory, except for the following explanation: If you are full time National Guard, attach copies of your orders.

**ITEM 23B.** Terminal leave is being on leave continuously between the date that you last performed military duties, until the date of your discharge from active duty. If you are now on terminal leave just before discharge, check "YES" and provide the date you last performed military duties and the date you will be discharged from active duty.

**ITEM 23C.** THIS QUESTION IS FOR ALL APPLICANTS WHO APPLIED FOR CHAPTER 30 BENEFITS (BY CHECKING ITEM 1A). VA education benefits are not payable in some cases if a commissioned officer attended a Service Academy (such as West Point, The Naval Academy, etc.), graduated and received his or her commission based on attendance at the Service Academy. If you attended a Service Academy, check "YES" and show the date (month and year) you graduated and received your commission.

**ITEM 23D.** THIS QUESTION IS FOR APPLICANTS WHO APPLIED FOR CHAPTER 30 BENEFITS (BY CHECKING ITEM 1A ON THE FORM) AND WHO HAD PARTICIPATED IN, OR ARE CURRENTLY PARTICIPATING IN A ROTC SCHOLARSHIP PROGRAM. If you participated in, or are currently participating in a ROTC scholarship program and received or will receive an officer's commission upon completion of that program, check "YES" and show the date of your commission in Item 31, Remarks. VA Education benefits are not payable if a ROTC scholarship recipient receives an amount exceeding a rate set by law. Specify the amount of the scholarship received for each school year you were in the ROTC program and received the scholarship in Item 31, Remarks. Do not include your monthly subsistence amount in this total.

**ITEM 24A through 24F.** Be sure to indicate if you were involuntarily called to a specified period of active duty. For each of your periods of active duty, show the following items: (1) the date you entered active duty, (2) the date you were separated from active duty, (3) your branch of service or Reserve or Guard Component, (4) the character of your discharge from active duty (honorable", "general", etc.), and if you were involuntarily called to active duty. If you were on active duty based on activation from the Reserve or National Guard, show the activation authority in Item 24F (either Title 32 or Title 10).

**NOTE:** If you send DD Form 214, you should send the original DD Form 214 (copy 4 from your separation packet) for each period of active military service that you completed. If you do not have the original of copy 4, submit the original of any other copy which you have.

We will return all original documents that you submit with your application. If you have recorded the original document with a county recorder, you may submit a certified copy of the document instead. If you complete your application at a VA office, VA personnel can certify the original of any documents needed to support your claim. These documents are then returned to you immediately.

**NOTE:** You must specifically identify any period of active duty which reflects: a. Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians; b. Attendance at a service academy; c. Non-creditable time (time lost because of industrial or agricultural furlough, under arrest without acquittal, AWOL, desertion, undergoing sentence of court-martial, etc.). You should show this information in Item 31, Remarks.

**ITEM 25A.** Complete this item only if you checked Item 1A. When the Department of Defense counts a period of active duty for the purpose of repayment of an education loan, VA cannot also use that same period of active duty for determining the amount of months of chapter 30 benefits. If you have had some active duty used for the purpose of repayment of an education loan, check "YES" and show the period of active duty used for repayment of your education loan.

**ITEM 25B.** Self explanatory.

**ITEM 25C.** Self explanatory.

**ITEM 26A.** Self explanatory.

**ITEMS 26B through 26D.** Complete these items only if you are not attaching a discharge paper for all of your periods of Reserve or National Guard service. For each of your periods of service, show the date you entered your Reserve or National Guard service, the date you were separated from this service, and your component of service.

**ITEM 26E.** Self explanatory.

**ITEM 27A.** Show the date that you graduated from high school. (Leave this block blank if you did not graduate from high school.)

**ITEM 27B.** Show the date that you completed the requirements for a high school equivalency certificate. (Leave this block blank if you did not complete the requirements for a high school equivalency certificate.)

**ITEM 27C.** If you had any training in a technical or vocational school, college or university, or any other training past the high school level, you should furnish details. If you have worked in an apprenticeship or other on-the-job training program and apply for benefits for a similar program, show the name of the program, the dates attended, and the place (city and state) where you received this training. If you need more space, continue in Item 31, Remarks, or on a separate sheet of paper

**NOTE:** DoD has registered DoD apprenticeship programs. If you send a certified copy of your discharge papers that reflects that military training, you do not have to list that military training in this item.

**ANSWER EITHER ITEMS 28A AND 28B**

**OR ITEMS 28C AND 28D.**

Answer Items 28A and B if you have had active military duty.

Answer Items 28C and D if you have not had active military duty.

**ITEMS 28A and B.** Show your occupation before and after leaving military service, and the number of months in that occupation. If you ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating, and the State in which the license was held. If you held no license or rating, write "NONE." We only use this information if you apply for benefits for a similar program. Examples of a license include the following: an electrician, CPA, teacher, lawyer, bricklayer, etc. Do not complete Item 24A if you are on active duty.

**ITEMS 28C and D.** Show your occupations since leaving high school, and the number of months in that occupation. If you have ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating, and the State in which the license was held. If you held no license or rating, write "NONE." We only use this information if you apply for benefits for a similar program. Examples of a license include the following: an electrician, CPA, teacher, lawyer, bricklayer, etc.

**ITEM 29A.** THIS QUESTION IS FOR ALL APPLICANTS ON ACTIVE DUTY WHO ARE NOT APPLYING FOR TUITION ASSISTANCE TOP-UP. Payment of VA educational benefits is prohibited for a course or courses being paid for entirely or in part by the Armed Services. If you are receiving or anticipate to receive any money (to include but not limited to tuition assistance) from the armed forces or Public Health Service during any part of your training, you must check "YES" and show complete details in Item 31, Remarks. Please identify the source of the funds. If you are not sure, explain why you might be eligible for the money in Item 31, Remarks.

**ITEM 29B.** ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR CHAPTER 1606. (You should have checked Item 1C.) If you ever received or plan to receive a scholarship from the Reserve Officers Training Corps which pays a stipend, AND tuition, fees, books, and supplies, you must check "YES" and show complete details in Item 31, Remarks. If you aren't sure, explain why you might be eligible for an ROTC scholarship including tuition and fees in Item 31, Remarks.

**ITEM 29C.** THIS QUESTION IS FOR CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT IS NOT FOR ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. If you are a civilian employee of the Federal Government, check "YES" in this item. Then, complete Item 29D.

**ITEM 29D.** If you expect to receive funds from your agency or department for the same course for which you expect to receive VA educational assistance, you must check "YES" and show complete details in Item 31, Remarks.

**ITEMS 30A through C.** THIS QUESTION IS ONLY FOR APPLICANTS WHOSE SERVICE (OR DELAYED ENTRY) BEGAN BEFORE JANUARY 1, 1977. 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 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.

VA Forms 21-686c and 21-674 are available on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms). If you need VA Form 21-509, see MORE HELP in the General Instructions.

**ITEM 31.** Use this space to provide information that does not fit elsewhere on this form, or that you think will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct question. Attach additional sheets of paper if necessary.

**PART VIII.** Part VIII contains Certifications and Signatures of applicants.

**ITEMS 32A and B.** Be sure to sign and date the form.

**ITEMS 33A and B.** These items only apply if you are on active duty in the Armed Forces. These items do not apply if you are in the Reserves, National Guard, or on terminal leave.

## GENERAL INSTRUCTIONS

**ADVANCE PAYMENT.** You may receive an advance payment if:

- \* Your school participates in the advance payment program,

**AND**

- \* you enroll in school on at least a half-time basis.

The advance payment will include benefits for the initial month or partial month of training, and the following month. To request an advance payment, contact the school you will attend at least 30 days but not more than 120 days before the beginning of the term. VA mails advance payment checks to the veterans certifying official at the school. The veterans certifying official will give you the check upon registration but no earlier than 30 days before classes begin.

**ACCELERATED PAYMENT.** Chapter 30 beneficiaries enrolled in certain high cost, high tech courses may qualify for a lump sum payment of up to 60% of tuition and fees. For more information, see the MORE HELP item on this page.

**MORE 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 are hearing impaired, call us toll-free at **1-800-829-4833**. You can also get education assistance after normal business hours at our education Internet site: **[www.gibill.va.gov](http://www.gibill.va.gov)**.

## GENERAL INSTRUCTIONS (Continued)

### HOW TO FILE YOUR CLAIM

If you have already completed this application and submitted it using the Internet, do the following:

If you have selected a school or training establishment,

- \* Send VA your signature to finalize the Internet submission,
- \* Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits, and
- \* Ask that the veterans certifying official submit your attendance (using VA Form 22-1999, Enrollment Certification, or the electronic version of this form).

If you have not selected a school or training establishment,

- \* Send VA your signature to finalize the Internet submission, and
- \* Wait for VA to process your application and notify you of the decision concerning eligibility for education assistance.

If you have not already submitted this application using the Internet, send the completed portion of the application to the regional processing office in the region of your home address. Then, if you have selected a school or training establishment, notify the veterans certifying official at your school to submit your enrollment certification.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>	<b>Central Region:</b> <b>VA Regional Office</b> <b>P. O. Box 66830</b> <b>St. Louis, MO 63166-6830</b>	<b>Western Region:</b> <b>VA Regional Office</b> <b>P. O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>	<b>Southern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 10022</b> <b>Decatur, GA 30031-7022</b>
Serves the following states: CT NY DE OH DC PA ME RI MD VT MA VA NH WV NJ Foreign Schools	Serves the following states: CO MO IA MT IL NE IN ND KS SD KY WI MI WY MN	Serves the following states: AK NV AR OK AZ OR CA TX HI UT ID WA LA Philippines NM	Serves the following states: AL SC FL TN GA US Virgin Islands MS NC PR

**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 5, Code of Federal Regulations 1.526 for routine uses (i.e., allowing VA to send 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 VA to obtain further information as may be necessary from the school for 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, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond 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 in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. Payment of education benefits cannot be made 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). Information submitted is subject to verification through computer matching programs with other agencies.

**Important Notice About Information Collection:** We need this information to determine your eligibility to 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 54 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.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-888-GI-BILL1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.