



Western International University

Where success is highly individualized.

Office of Veterans Services
Veterans Responsibility Letter

Name: _____ Chapter: _____

Last 4 of SSN#: _____ Campus: _____

I UNDERSTAND THAT:

- I understand that I must complete the Western International University (WIU) Office of Veterans Services Veterans Administration (VA) Benefits Application Packet and submit all documents to the WIU Office of Veterans Services in order to receive VA benefits.
I understand that I must include a copy of my DD-214 with my WIU VA Benefits Application Packet, or if I am still active military, must have my Education Officer sign my VA Application.
I understand that I must forward a copy of my Certificate of Eligibility if I wish to utilize the Post 9/11 GI Bill (Chapter 33) Benefits.
I understand that before my courses can be certified by the WIU Office of Veterans Services, I must submit a completed "Western International University Office of Veterans Services Request for Certification of Classes" form to the WIU Office of Veterans Services. A completed Certification Form will be required for each course eligible for VA benefits. Failure to do so will result in delays in benefit payments.
I understand that changes to my schedule may cause my VA benefits to be cancelled, postponed, or may change the amount of money that I am eligible to receive and I will notify the WIU Office of Veterans Services immediately upon such schedule changes.
I understand that I must notify the WIU Office of Veterans Services if I change my degree objective (College and/or Major), or if I change any course after I have requested certification.
I agree, and understand that, in order for the U.S. Department of Veterans Affairs to consider me as a full time student, I must be in at least six (6) credit hours per month if I am an undergraduate student or three (3) credit hours per month if I am a graduate student.
I understand that all classes I take must apply toward my declared degree objective.
I understand that WIU will defer payment of tuition for VA benefits if I place on file a valid credit card to be charged 60 days from the start of each class.
WIU does not participate in the "Advanced Payment" or "Accelerated Payment" programs offered by the VA.
I understand that ALL VA Benefits are paid directly to me, the student, and not to WIU (with the exception of VA Chapters 31 and 33).

I have read and understand the above statement and hereby authorize Western International University to release confidential information about me to process my educational entitlements to the Federal and State VA. I understand a file on my coursework and certifications will be maintained to comply with State and Federal VA regulations regarding reporting and record keeping. I further understand that information about me cannot be released to anyone other than myself, and that I must take responsibility for contacting the WIU Office of Veterans Services with any questions regarding my file. All information in the WIU Office of Veterans Services records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of myself, upon lawful subpoena, or other order of VA or Federal court of competent jurisdiction.

Signature _____ Date _____



Office of Veterans Services Request For VA Certification Of Classes

VETERAN'S NAME: _____

VA FILE OR SS NUMBER: _____ MAJOR: _____

CURRENT ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

CHECK IF NEW ADDRESS: _____

VA PROGRAM YOU ARE IN:? _____

- CHAPTER 30 (MONTGOMERY GI BILL)
- CHAPTER 31 (VA VOCATIONAL REHAB.)
- CHAPTER 32 (VIETNAM ERA, VEAP)
- CHAPTER 33 (POST 9/11 GI BILL)
- CHAPTER 35 (SURVIVORS, DEPENDENTS)
- CHAPTER 1606 (SELECTED RESERVE)
- CHAPTER 1607 (SELECTED RESERVE, ACTIVE DUTY-REAP)

CLASSES WILL BE CERTIFIED ONLY WHEN ACCOMPANIED BY THIS FORM

MONTH	LOCATION	COURSE
IE: JUNE/JULY	IE: MAIN, FORT, ETC	IE:MGT/445

STUDENT'S SIGNATURE: _____

DATE: ___/___/___

**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
- Reserve Educational Assistance Program (REAP) chapter 1607 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), 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 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.gibill.va.gov. 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 (800) 829-4833.

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

Part II

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

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 Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

ITEM 9E. 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 9F. If you are eligible for MGIB, MGIB-SR, OR REAP, 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, MGIB-SR, and REAP), 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 chapter 30, your 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 your election. However, if you completely exhaust your entitlement under chapter 30 before the effective date of your chapter 33 election, you may receive up to 12 additional months of benefits under chapter 33. 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.gibill.va.gov 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 you 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.

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 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.

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 region of that school's physical address. See next page for the addresses of these 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 region of your home address. See next page for the addresses of these 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.

**Eastern Region:
VA Regional Office
P.O. Box 4616
Buffalo, NY 14240-4616**

Serves the following states:

CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools

**Central Region:
VA Regional Office
P.O. Box 66830
St. Louis, MO 63166-6830**

Serves the following states:

CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY

**Western Region:
VA Regional Office
P.O. Box 8888
Muskogee, OK 74402-8888**

Serves the following states:

AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	GUAM
APO/FPO AP			

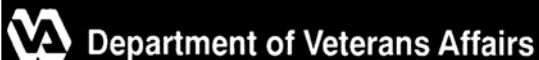
**Southern Region:
VA Regional Office
P.O. Box 10022
Decatur, GA 30031-7022**

Serves the following states:

AL	FL	GA	MS
NC	PR	SC	US Virgin Islands
APO/FPO AA			

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 Vocational Rehabilitation and Employment 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 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 (Office of Management and Budget) 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/omb/library/OMBINV.VA.EPA.html#VA. 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.gibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT <input style="width: 100%;" type="text"/>	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month Day Year <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>
4. NAME (First, Middle Initial, Last) <input style="width: 30%;"/> <input style="width: 5%;"/> <input style="width: 60%;"/>		
5. APPLICANT'S ADDRESS Number and Street <input style="width: 80%;"/> <input style="width: 60%;"/> Apt./Unit Number <input style="width: 10%;"/> City, State, ZIP Code <input style="width: 60%;"/> <input style="width: 5%;"/> <input style="width: 10%;"/>		
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code) Primary: <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> Secondary: <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/> <input style="width: 10%;"/>		
6B. APPLICANT'S E-MAIL ADDRESS (If applicable) <input style="width: 90%;"/>		
7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for VEAP) Routing or Transit Number Account Type Account Number <input style="width: 20%;"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input style="width: 20%;"/>		
8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED		
A. NAME	B. ADDRESS	C. PHONE NUMBER

PART II - EDUCATION BENEFIT BEING APPLIED FOR *See instructions for benefit eligibility criteria*

<input type="checkbox"/> 9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607)
<input type="checkbox"/> 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
<input type="checkbox"/> 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
<input type="checkbox"/> 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)
<input type="checkbox"/> 9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)
<input type="checkbox"/> 9F. Chapter 33 Election (Complete only if this is your first request for chapter 33 and you are eligible for one of the benefits listed below) By electing Chapter 33, I acknowledge that I understand the following: <ul style="list-style-type: none"> • I may not receive more than a total of 48 months of benefits under two or more programs. • 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. However, if I completely exhaust my entitlement under chapter 30 before the effective date of my chapter 33 election, I may receive up to 12 additional months of benefits under chapter 33. • My election is irrevocable and may not be changed. I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective _____. I understand that my election is irrevocable and may not be changed. (Check only one) _____ (date) <ul style="list-style-type: none"> <input type="checkbox"/> Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB) <input type="checkbox"/> Chapter 1607 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR) <input type="checkbox"/> Chapter 1607 - Reserve Educational Assistance Program (REAP)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)</td> <td><input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB</td> </tr> <tr> <td><input type="checkbox"/> VOCATIONAL FLIGHT TRAINING</td> <td><input type="checkbox"/> CORRESPONDENCE</td> </tr> <tr> <td><input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)</td> <td><input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 <u>only</u>)</td> </tr> <tr> <td><input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)</td> <td></td> </tr> </table>	<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 (Chapter 30 & 33 <u>only</u>)	<input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)		VA DATE STAMP (Do Not Write In This Space)
<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 (Chapter 30 & 33 <u>only</u>)								
<input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)									

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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 NOW 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?
9/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

YES DATE: _____ NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

YES NO

14C. 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			

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14D. 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

15. 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
16. 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.	ACTIVE DUTY KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO RESERVE KICKER <input type="checkbox"/> YES <input type="checkbox"/> NO
17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.	Graduation Year _____
18. 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 _____
19. 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
20. 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
21. FOR ACTIVE DUTY CLAIMANTS ONLY: 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
22. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY: 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

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PART VII - INFORMATION ON VA EDUCATION BENEFITS

NOTE: The most current information on VA education benefits is available online at www.gibill.va.gov

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.

22. ARE YOU MARRIED?

YES NO

23. 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

24. 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?
- Attach all supporting documents (*e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.*)?

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.

25A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

25B. DATE SIGNED



DIRECT DEPOSIT ENROLLMENT

IMPORTANT: You can use this form to enroll in Direct Deposit or to make a change to an existing direct deposit account. Please read the Privacy Act and Respondent Burden information shown below.

ATTENTION VA BENEFICIARY!
WE'VE MADE ENROLLING IN DIRECT DEPOSIT EASIER THAN EVER!

CALL TOLL FREE - 1-877-838-2778
or TDD 1-800-829-4833(Telephone Device for the Hearing Impaired)

Direct Deposit is the safest, fastest and most cost efficient method to receive your payment. In addition, you no longer have to worry about your check being late, lost, or stolen. NOTE: The "Debt Collection Improvement Act of 1996" which was signed into law on April 26, 1996 required all Federal payments to be made by Electronic Fund Transfer (EFT or Direct Deposit) beginning January 1, 1999. Waivers will be available where the conversion from paper checks imposes a hardship. Write to the address shown below for more information concerning a waiver. To have your VA compensation, pension, chapter 30 or 1606 education, or spina bifida payment deposited into your account right away with Direct Deposit just call VA's toll-free number above or complete this form and mail to:

Department of Veterans Affairs
125 S. Main Street Suite B
Muskogee OK 74401-7004

When you call, be sure to have a personal check or bank statement available as well as your VA Claim Number or Social Security Number. The VA representative will ask for information from these documents to start your Direct Deposit. If you prefer to enroll by mail, just complete the information below, and attach a voided personal check from your checking account or call your Financial Institution and verify the information requested below for a savings account.

SECTION I - VA BENEFICIARY INFORMATION

NAME OF BENEFICIARY (Last, First, MI) (Please Print)

BENEFICIARY CLAIM NUMBER

TYPE OF BENEFIT

COMPENSATION PENSION EDUCATION (CHAPTERS 30 & 1606) CHAPTER 18 CHAPTER 31

VA CLAIM NUMBER OR SOCIAL SECURITY NUMBER

TELEPHONE NUMBER (PLEASE PROVIDE YOUR TELEPHONE NUMBER IN THE EVENT THAT WE NEED TO CONTACT YOU) (INCLUDE AREA CODE)

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

SECTION II - FINANCIAL INSTITUTION INFORMATION

PLEASE ATTACH A VOIDED PERSONAL CHECK AND SKIP TO SECTION III OR CALL YOUR FINANCIAL INSTITUTION FOR THE FOLLOWING INFORMATION:

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX CHECKING SAVINGS)

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE)

SECTION III - PAYEE CERTIFICATION

I CERTIFY THAT I am entitled to the payment above, and that I have read and understand this form. In signing this form, I authorize my payment to be sent to the financial institution named above, to be deposited to the designated account.

SIGNATURE OF PAYEE (Do NOT print)

DATE SIGNED

Privacy Act Notice: 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 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is that the information will be used to process the payment data from VA to the beneficiary's designated financial institution. Your obligation to respond is voluntary.

Important Notice About Information Collection: We need this information to ensure proper transmission of your funds via electronic transfer to your financial institution (31 CFR 208.3 and 210.4). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 2 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/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.