



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: ___/___/___

(Please detach at perforation and retain this information for future reference)

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR EDUCATION BENEFITS

PRIVACY ACT INFORMATION: No benefits can be paid unless a completed application has been received (38 U.S.C. 3513). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701) and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

1. **GENERAL** - Read this information and instruction sheet carefully and then complete Items 1 thru 32 on the application fully and accurately. Show "N/A" (not applicable) where appropriate.

2. ELIGIBILITY

a. To qualify for educational assistance you must be either:

(1) The son, daughter, or spouse of a veteran who is permanently and totally disabled as the result of a service-connected disability, or the son, daughter, or spouse of an individual on active duty who has been listed for a total of more than 90 days as missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power; or

(2) The son, or daughter, or surviving spouse of a veteran who died of a service-connected disability or who died while a service-connected disability was rated total and permanent in nature.

b. Eligibility for educational assistance will be terminated in the event VA determines that the person on whose account benefits are claimed is no longer totally disabled, or VA is notified that the person is no longer listed as captured, missing in action or forcibly detained.

c. Generally, the period of eligibility for a son or daughter is between the ages of 18 and 26 years. In certain instances, it is possible to begin training before age 18, and to continue after age 26. The marriage of a son or daughter is not a bar to this benefit.

d. A spouse may use educational benefits during the 10-year period after eligibility is found. A surviving spouse may use these benefits during a 10-year period after the veteran's death, or 10 years after VA determines the veteran's death was caused by a service-connected disability. Eligibility will terminate in the event a spouse is divorced from the veteran or in the event of remarriage by a surviving spouse. (A surviving spouse can reestablish eligibility upon termination of a remarriage. However, he or she does not qualify for an extension to the 10 year period.)

NOTE: "Son" or "daughter" includes stepson or stepdaughter.

3. ENTITLEMENT

a. The Dependents' Educational Assistance program offers eligible persons up to 45 months of full-time training benefits.

b. Entitlement is reduced by 1 month of full-time training. Proportionate reductions are made if training is less than full-time.

c. Persons who are entitled to benefits under more than one of the VA educational assistance programs may receive an overall maximum of 48 months of benefits.

4. **COUNSELING** - VA will provide you with educational or vocational counseling if you request it. VA counseling can help you: find out more about your abilities and interests; learn about opportunities in different fields of work; and determine the type of training or employment that is best for you. To request counseling, contact your nearest VA office. There is no charge for VA counseling. However, you must pay for the cost of traveling from your home to the counseling session. If you are required to receive counseling (see paragraphs 5b and 5c below), VA will provide assistance to cover the cost of travel. **EXCEPT FOR THE REPUBLIC OF THE PHILIPPINES, VA COUNSELING IS NOT AVAILABLE IN FOREIGN COUNTRIES.**

5. COURSES AND PROGRAMS YOU MAY PURSUE

a. Any eligible person may pursue postsecondary courses approved by the State approving agency at a vocational or technical

school, business college, college or university. Benefits are also payable while pursuing an approved apprenticeship, on-the-job training, cooperative or farm cooperative program. Courses may be taken in a foreign country if they lead to a standard college degree or its equivalent, and vocational courses may also be taken in the Republic of the Philippines.

b. A son or daughter who is under 18 and who has not completed high school must have his or her program of education or training approved by a VA counselor before educational assistance benefits can be authorized.

c. Specialized restorative training or specialized vocational training can be approved for any eligible person, if it is determined through VA counseling that a specialized program is needed to overcome the effects of a physical or mental handicap.

d. An eligible person who has not received a high school diploma or equivalent can pursue approved secondary-level programs. An eligible person can also pursue refresher, remedial, or deficiency courses that are needed for admission into an education program.

e. A spouse or surviving spouse may pursue an approved home study course. Information on home study courses is available at the nearest VA regional office.

(1) If you are considering enrollment in a home study course or combination correspondence-residence course, be sure that the field of study is suitable to your abilities and interests before signing a contract with the school. You should consider your decision carefully since the contract you sign may require you to pay for all or the majority of the course even though you complete only a portion of it.

(2) The law provides that a contract for enrollment in a home study course must be affirmed by a student after more than 10 days have elapsed following the date the contract was signed. No payments of VA benefits will be authorized for any lessons serviced by the school prior to the date of affirmation of the contract. If you decide not to enroll in a correspondence course after signing a contract, but before you sign the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

6. EDUCATIONAL ASSISTANCE ALLOWANCE

a. If you attend school at the rate of one-half-time or more, you will be entitled to receive a monthly allowance to help you with the cost of tuition, fees, books, supplies, and other costs of school attendance. If you pursue courses at less than one-half time, you will generally receive a single payment based on the tuition and fees charged for your course(s), not to exceed the maximum rate established for quarter-time or half-time training, as applicable.

b. You will generally be paid through breaks between standard terms if the break does not span a full calendar month. However, you may wish to save entitlement by asking VA not to make payments for any breaks. Except for advance payments, checks are normally sent at the first of each month for the previous month's training.

c. Payments for on-the-job or apprenticeship training are not released until after a monthly report of hours worked is processed. If less than 120 hours are worked in a month, less than a full benefit payment is made.

d. Payments for correspondence courses are made each calendar quarter after a certification of lessons completed is processed.

NOTE: Sons and daughters are not eligible for correspondence training.

7. RESTRICTIONS

- a. Benefits may be authorized only for pursuit of approved courses leading to an educational, professional, or vocational objective for which you are not already qualified.
- b. Eligibility for educational assistance will be terminated in the event VA determines that the person on whose account benefits are claimed is no longer totally disabled, or VA is notified that the person is no longer listed as captured, missing in action or forcibly detained.
- c. VA benefits are not payable under this program while an eligible person is serving on active duty in the Armed Forces.
- d. Benefits cannot be authorized for any courses that are taken by an employee of the Federal government under the Government Employees' Training Act.
- e. VA benefits are not payable while an eligible person is in receipt of benefits for the same program from the Office of Worker's Compensation Programs.
- f. Benefits are subject to reduction or termination during periods of incarceration in a Federal, State, or local correctional facility as the result of conviction for a felony offense.
- g. Benefits cannot be paid for audited courses. Further, benefits will not be payable for a course from which you withdraw, or for a course in which you receive a grade that does not count toward graduation, unless acceptable mitigating circumstances are presented.
- h. Schools are prohibited by law from cashing VA checks under a power of attorney agreement.

8. CHANGE OF PROGRAM - A change of program is a change of your educational, professional or vocational objective from the objective you were last pursuing if the experience and credits you have accumulated are not transferable to your new program at essentially full value.

- a. You may be authorized one optional change of program upon your request if progress and conduct in your original program were satisfactory.
- b. You may apply for a second (or additional) change of program. However, benefit payments cannot be authorized for the change unless your program is shown to be suitable to your aptitudes, interests and abilities.

9. HOW TO APPLY - Select the program you wish to pursue. Then, make sure the course(s) at the school or the program at the training establishment is approved for the enrollment of veterans and eligible persons. You can obtain information about approved courses and programs from the VA regional office serving the area where the school or training establishment is located. If you would like educational or vocational counseling before you select a program of education or training, please refer to paragraph 4. You will be notified of the date, time and place to report for counseling if you request it.

- a. Complete the application and send it directly to the VA regional office as early as possible before you plan to enroll; or
- b. If you have already enrolled, give your completed application to your school or training establishment for submission to VA together with an Enrollment Certification, VA Form 22-1999.

10. ADVANCE PAYMENT - You may be eligible for an advance payment for the initial or partial month of your enrollment plus payment for the following month. Advance payment checks are mailed to your school for delivery to you at the time of registration, but not earlier than 30 days before your enrollment begins. You may be eligible if:

- a. You enroll in an approved institutional, educational or vocational program on at least a one-half time basis;
- b. Your school agrees to process an advance payment;
- c. You request an advance payment in writing; and
- d. Your application with an enrollment certification and request for advance payment are received by VA at least 30 days in advance of registration.

Your request for an advance payment may be entered on VA Form 22-1999, Enrollment Certification, or a separate page attached to the enrollment certification that your school submits to VA.

11. CHANGES YOU NEED TO REPORT

- a. If you reduce or terminate your school attendance or training, or otherwise change your enrollment, inform the certifying official at your school or training establishment to notify VA immediately. You are responsible for making sure the certifying official notifies VA of any such changes in your enrollment. You will be responsible for any overpayment resulting from these changes.
- b. Promptly notify VA of any change in your address. Send your complete new address, to include your ZIP Code.
- c. A spouse or surviving spouse must report any change in marital status, to include the following:
 - (1) Separation from the veteran
 - (2) Divorce from the veteran
 - (3) Remarriage following the death of the veteran

d. If you withdraw from a course or course(s), or if you complete a course but receive a grade which does not count toward graduation requirements, benefits may be reduced or discontinued from the beginning of the term, unless mitigating circumstances are shown. You should report the mitigating circumstances, if any, within 1 year from the date of withdrawal or receipt of a grade which does not count toward graduation.

12. UNSATISFACTORY PROGRESS OR CONDUCT - Benefits will be discontinued if you fail to maintain satisfactory progress or conduct in accordance with the standards of your school. Resumption of benefits may be authorized if it is shown that the cause for the unsatisfactory progress or conduct has been removed and that the selected program is suitable to your aptitudes, interests and abilities.

13. ELECTION BY SON OR DAUGHTER - An election of Chapter 35 educational benefits is final and cannot be changed. This means that further payments of compensation, pension, or dependency and indemnity compensation based on school attendance after your 18th birthday are prohibited once you cash your first benefit check under this chapter.

IMPORTANT - IF YOU ARE PLANNING A PROGRAM OF EDUCATION LONGER THAN 45 MONTHS, YOU MAY FIND IT TO YOUR ADVANTAGE TO DEFER CHAPTER 35 BENEFITS FOR A TIME AND CONTINUE COMPENSATION, PENSION OR DEPENDENCY AND INDEMNITY COMPENSATION BENEFITS WHICH ARE PAYABLE AS A RESULT OF YOUR SCHOOL ATTENDANCE.

If it appears that a deferral of Chapter 35 benefits might be to your advantage, we strongly recommend that you discuss with a VA counselor the various options open to you. A VA counselor can help you plan your program to maximize benefits and can provide help in establishing a future date to elect Chapter 35 benefits. However, if it does not appear that a deferral would be to your advantage, complete Item 27 showing the date from which you wish to elect chapter 35 benefits.

14. INFORMATION PAMPHLET - You should have received VA Pamphlet 22-73-3, Summary of Educational Benefits Under the Survivors' and Dependents' Educational Assistance Program, Chapter 35 of Title 38, U.S.Code, with your application. VA will send you a pamphlet if you check "No" in Item 28. You may also request a pamphlet from the person who gave you this application.

MORE HELP - If you need help in completing this application or if you require additional information on VA education benefits, you can call VA TOLL-FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use TDD, call toll-free to 1-800-829-4833. For information on other VA benefits call 1-800-827-1000. You can also get information about VA educational assistance after normal business hours at our education Internet site: "www.gibill.va.gov".

HOW TO FILE YOUR CLAIM

After completing the fill-in portion of this application, do the following:

If you have selected a school or training establishment,

- Give the completed portion of this application to the certifying official at the school or training establishment you have selected.
- Request the certifying official to complete VA Form 22-1999, Enrollment Certification.
- Have the school certifying official send both your application and the Enrollment Certification to VA.

If you have not selected a school or training establishment,

- Send the completed portion of this application to the regional processing office in the region of your home address.

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	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	

Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022			
SERVES THE FOLLOWING STATES			
AL	FL	GA	MS
NC	PR	SC	TN
US Virgin Islands			



APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

1. VA FILE NUMBER (If known)

(Under Provisions of Chapter 35, Title 38, U.S.C.)

IMPORTANT: Before completing this form, read the instructions on the attached sheet. Type or print answers in ink. If additional space is needed, use Item 29, "Remarks" or blank paper and key answers to item numbers. See the HOW TO FILE YOUR CLAIM at the end of these instructions on where to take or send your completed application form to apply for education benefits.

PART I - GENERAL INFORMATION REGARDING APPLICANT

2. FIRST-MIDDLE-LAST NAME OF APPLICANT		3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH
5. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)		6. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD	

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

7. FIRST - MIDDLE - LAST NAME OF VETERAN, OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED		8. SOCIAL SECURITY NUMBER	VA DATE STAMP (For VA Use Only)
9. DATE OF BIRTH	10. BRANCH OF SERVICE	11. SERVICE NUMBER	
12. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.		13. VA OFFICE WHERE RECORDS ARE LOCATED	

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

14. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		15. IF YOU ARE THE SURVIVING SPOUSE OF A VETERAN ON WHOSE ACCOUNT BENEFITS ARE CLAIMED, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16A. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 16B, 16C, and 16D)		16B. BRANCH OF SERVICE	16C. ACTIVE DUTY DATES FROM _____ TO _____
16D. TYPE OF SEPARATION OR DISCHARGE		17A. ARE YOU AN EMPLOYEE OF THE FEDERAL GOVERNMENT? (If you check "Yes", complete Item 17B) <input type="checkbox"/> YES <input type="checkbox"/> NO	
		17B. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes", give additional information in Item 29, "Remarks". (You may not receive VA education benefits for a course or training that the Federal Government is paying for under the Government Employees' Training Act) <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART IV - VA BENEFITS AND EDUCATION OR TRAINING PREVIOUSLY APPLIED FOR

18. TYPE OF BENEFITS (Check applicable box(es))			18H. NAME OF VETERAN
A. <input type="checkbox"/> NONE	D. <input type="checkbox"/> SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 18H and 18I)	G. <input type="checkbox"/> OTHER (Specify below)	
B. <input type="checkbox"/> HOSPITALIZATION OR MEDICAL CARE	E. <input type="checkbox"/> EDUCATION OR TRAINING BASED ON YOUR OWN SERVICE (Complete Items 19A and 19B)	F. <input type="checkbox"/> DENTAL OR OUTPATIENT TREATMENT	
C. <input type="checkbox"/> DISABILITY COMPENSATION OR PENSION	19A. YOUR OWN VA FILE NUMBER		18I. VETERAN'S FILE NUMBER (If known)
		19B. VA OFFICE WHERE YOUR RECORDS ARE LOCATED (City and State)	

PART V - PREVIOUS EDUCATION AND TRAINING

20A. TYPE OF SCHOOL	20B. NO. OF YEARS COMPLETED	DATES ATTENDED		20E. NAME OR DESCRIPTION OF COURSE	20F. NAME AND LOCATION OF SCHOOL (City and State)
		20C. FROM	20D. TO		
ELEMENTARY SCHOOL					
HIGH SCHOOL					
COLLEGE					
VOCATIONAL OR TRADE					
20G. CHECK APPROPRIATE BOX AND ENTER DATE IN ITEM 20H <input type="checkbox"/> GRADUATED FROM HIGH SCHOOL <input type="checkbox"/> EXPECT TO GRADUATE <input type="checkbox"/> DISCONTINUED HIGH SCHOOL <input type="checkbox"/> PLAN TO DISCONTINUE					20H. DATE
21A. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE (If any)			21B. DATES OF TRAINING FROM _____ TO _____		21C. PLACE OF TRAINING
22A. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE? (Examples - electrician, radio operator, teacher, lawyer, CPA, bricklayer, carpenter, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 22B and 22C)			22B. NAME OF LICENSE OR JOURNEYMAN RATING		22C. STATE IN WHICH HELD
23A. HAVE YOU EVER BEEN EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 23B and 23C)		23B. PRINCIPAL OCCUPATION		23C. NUMBER OF MONTHS EMPLOYED IN THIS OCCUPATION	

PART VI - VA COUNSELING

24. VA has professional career counselors who can help you plan your education and employment. A VA counselor can also help you select a school or training facility. If you are a disabled spouse or child, VA may require that you receive counseling before you enter into a specialized program of training. If you are a child under age 18, and have not completed high school, you cannot receive VA educational assistance without VA counseling. **If you feel you may require VA counseling, contact your nearest VA office as soon as possible.** If you are not in the local dialing area of a VA office, call 1-800-827-1000. Call 1-800-829-4833, if you are hearing impaired. You may request counseling at any time during the period of your eligibility for educational assistance.

PART VII - EDUCATIONAL PLAN

IMPORTANT: If you have selected the program for which you would like to receive VA educational benefits, please complete Items

25A. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL YOU PLAN TO REACH? <i>(Highest degree or occupation)</i>		25B. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE(S) YOU WILL BE TAKING <i>(List each diploma, and degree or vocational course)</i>	
25C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT		25D. EXPECTED DATE OF ENROLLMENT	26E. LENGTH OF PROGRAM
		25F. EDUCATION OR TRAINING WILL BE BY: <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> APPRENTICESHIP, ON-THE-JOB, OR CORRESPONDENCE <i>(Spouse or surviving spouse only)</i> <input type="checkbox"/> INDEPENDENT STUDY <input type="checkbox"/> FARM COOPERATIVE	
26. ESTIMATED COST OF YOUR COMPLETE PROGRAM	A. TUITION \$	B. BOOKS AND OTHER FEES \$	C. TOTAL COST \$

PART VIII - ELECTION (SON OR DAUGHTER ONLY)

IMPORTANT: Once you start a chapter 35 program, generally, you cannot receive payments of compensation, pension, or dependency and indemnity compensation which might otherwise be payable as a result of your school attendance. CAREFULLY READ ITEM 13 OF THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. WE STRONGLY ENCOURAGE EACH PERSON TO DISCUSS INFORMATION CONCERNING THIS ELECTION WITH A VA COUNSELOR.

27. I CERTIFY THAT I understand the effects of an election of Chapter 35 benefits and that I elect to receive such benefits from the following date: MONTH, DAY, YEAR

PART IX - INFORMATION PAMPHLET

28. DID YOU RECEIVE AN INFORMATION PAMPHLET ENTITLED "SUMMARY OF EDUCATIONAL BENEFITS UNDER THE SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM" FOR CHAPTER 35 OF TITLE 38, U.S. CODE?

YES NO *(See specific instructions about Information Pamphlet)*

29. REMARKS

PART X - SIGNATURES

NOTE - If the applicant is a minor, the parent, guardian, or custodian MUST sign Item 31A.

I CERTIFY THAT the information given in this application is true and accurate to the best of my knowledge and belief. If I request counseling, I authorize release of school and testing records to VA for use in counseling me and supervising my program of education or training.

30A. SIGNATURE OF APPLICANT		30B. DATE SIGNED
31A. IF APPLICANT IS A MINOR, GIVE NAME OF PARENT, GUARDIAN, OR CUSTODIAN <i>(Type or print)</i>	31B. ADDRESS <i>(Include ZIP Code)</i>	
32A. SIGNATURE OF <i>(Check one)</i> <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN <div style="text-align: right;">SIGN HERE </div>		32B. TELEPHONE NUMBER <i>(Include Area Code)</i>

PENALTY: Willfully 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.