



APPLICATION FOR EDUCATION BENEFITS

(Under chapters 30 and 32, title 38, U.S.C.; section 903, Public Law 96-342; and chapter 106, title 10, U.S.C.)

NOTE: THIS FORM MUST BE SIGNED AND DATED IN ITEM 21 TO RECEIVE BENEFITS.

IMPORTANT: This is an application to be used by servicepersons, veterans, and reservists to apply for the following VA education benefits: VEAP (chapter 32), Non-Contributory VEAP (section 903), Montgomery GI bill - Active Duty Educational Assistance Program (chapter 30), and Montgomery GI bill - Selected Reserve Educational Assistance Program (chapter 106). Before completing this form, carefully read all of the information on the attached sheets. Type or print responses in ink. If you need additional space, attach separate sheets and key your responses to item numbers. You must complete Part I of this form. If you are on active duty, your Education Services Officer and your Commanding Officer must complete Part II.

PART I - APPLICANT

1. NAME OF APPLICANT <i>(First, middle, last)</i>	2. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. VA FILE NUMBER <i>(If known)</i>
4. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>	5. DATE OF BIRTH <i>(Month, day, year)</i>	6. SOCIAL SECURITY NUMBER
	7. TELEPHONE NUMBER <i>(Include Area Code)</i>	
	A. HOME	B. WORK
8. VA OFFICE WHERE RECORDS ARE LOCATED <i>(If known)</i>		

9. FOR ADMINISTRATIVE PURPOSES, PLEASE PROVIDE THE NAME AND ADDRESS OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

10. DEPARTMENT OF VETERANS AFFAIRS BENEFITS YOU PREVIOUSLY APPLIED FOR:

<input type="checkbox"/> A. VETERANS' EDUCATIONAL ASSISTANCE	<input type="checkbox"/> B. DISABILITY COMPENSATION OR PENSION	<input type="checkbox"/> C. NONE
<input type="checkbox"/> D. SURVIVOR'S EDUCATIONAL ASSISTANCE <i>(If checked, complete Items 10G and 10H)</i>	<input type="checkbox"/> E. VOCATIONAL REHABILITATION	<input type="checkbox"/> F. OTHER <i>(Specify)</i>

COMPLETE ONLY IF ITEM 10D IS CHECKED ▶	10G. NAME OF VETERAN'S PARENT/SPOUSE	10H. PARENT/SPOUSE FILE NUMBER
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11. EDUCATION BENEFIT YOU ARE APPLYING FOR *(Check one and complete Item 12)*

A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (CHAPTER 30)

B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (CHAPTER 106) *(If checked, attach your Notice of Basic Eligibility)*

C. VEAP (CHAPTER 32)/NON-CONTRIBUTORY VEAP (SECTION 903) - SERVICE BEGINNING ON OR AFTER JANUARY 1, 1977 THROUGH JUNE 30, 1985

12. HAVE YOU RECEIVED AN INFORMATION PAMPHLET TITLED "SUMMARY OF EDUCATIONAL BENEFITS" FOR THE BENEFIT CHECKED ABOVE?

YES NO *(See Specific Instructions for Item 12)*

13. ACTIVE DUTY SERVICE INFORMATION

NOTE: Please complete the applicable columns below and attach the original or certified copy 4 of DD Form 214 (See Specific Instructions for Item 13) for each period of active duty service you completed. Complete Items 13A through 13E for any period for which you cannot attach a DD Form 214. Complete Item 13G in all instances.

DATE ENTERED ACTIVE DUTY A	DATE SEPARATED FROM ACTIVE DUTY B	SERVICE NUMBER <i>(Prefix and Suffix)</i> C	BRANCH OF SERVICE D	GRADE OR RANK AT SEPARATION OR DISCHARGE E

13F. IF YOUR SERVICE BEGAN AFTER DECEMBER 31, 1976, DID YOU ENLIST BEFORE JANUARY 1, 1977, UNDER A DELAYED ENTRY PROGRAM?

YES NO *(If "Yes," attach a copy of your enlistment contract, training agreement, or military orders dated before January 1, 1977, that directed you to enter active duty service)*

PRESENT MILITARY STATUS ▶	13G. ARE YOU NOW ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 13H thru 13J)</i>	13H. HAVE YOU COMPLETED YOUR FIRST OBLIGATED PERIOD OF SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 13I)</i>	13I. DATE YOU COMPLETED YOUR FIRST OBLIGATED PERIOD OF SERVICE	13J. BRANCH OF SERVICE
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MILITARY SERVICE ACADEMIES

14A. NAME OF ACADEMY <input type="checkbox"/> USMA - WEST POINT <input type="checkbox"/> USCGA - NEW LONDON <input type="checkbox"/> USNA - ANNAPOLIS <input type="checkbox"/> USAFA - COLORADO SPRINGS	14B. DATES ATTENDED FROM TO	14C. DEGREE RECEIVED
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CIVILIAN AND MILITARY EDUCATION *(Do not repeat education shown in Item 14)*

15A. GIVE HIGHEST ELEMENTARY OR HIGH SCHOOL GRADE COMPLETED		15B. IF YOU DID NOT GRADUATE, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 15C)</i>		15C. DATE YOU COMPLETED THE REQUIREMENTS FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE			
15D. NAME OF COLLEGE OR OTHER SCHOOL <i>(Include City and State)</i>		DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	NAME OR DESCRIPTION OF COURSE OF STUDY
		FROM	TO	SEMESTER	QUARTER		
15E. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE		15F. DATES OF TRAINING		15G. PLACE OF TRAINING			
		FROM	TO				
15H. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE? <i>(Examples: electrician, radio operator, CPA, teacher, lawyer, bricklayer, FAA Certificate, etc.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 15I and 15J)</i>				15I. NAME OF LICENSE OR JOURNEYMAN RATING		15J. STATE IN WHICH HELD	
16. NON-MILITARY OCCUPATIONS <i>(Do not complete Item 16B if on active duty)</i>							
PRINCIPAL OCCUPATION						NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	
A. BEFORE ENTERING MILITARY SERVICE		PRINCIPAL OCCUPATION				NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	
B. AFTER LEAVING MILITARY SERVICE							
17. VOCATIONAL FLIGHT TRAINING <i>(Complete only if applying for this training) (Only available for Chapters 30 and 106 after September 29, 1990)</i>							
NOTE: If you are considering enrolling in a flight training program you must have a valid private pilot's license in order to receive VA benefits. In addition, you must meet the medical requirements necessary for a commercial pilot's license. The required medical certificate must be kept current throughout your course.							
PREVIOUS AVIATION EXPERIENCE						NUMBER OF HOURS	
A. AIRCRAFT MODEL		PREVIOUS AVIATION EXPERIENCE				NUMBER OF HOURS	
B. FAA CERTIFICATES AND RATINGS							
PROGRAM OF EDUCATION AND ENROLLMENT INFORMATION							
CAREER PLANNING ASSISTANCE AVAILABLE: (See Specific Instructions for Item 18.) If you are eligible for education benefits, VA's professional career counselors can help you plan your education, select a school or training facility, and obtain financial assistance. You may request this counseling at any time during your educational program.							
18A. AT THIS TIME, DO YOU WANT PROFESSIONAL CAREER COUNSELING TO HELP YOU PLAN YOUR EDUCATIONAL OR VOCATIONAL PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," a VA counseling appointment will be arranged and you will be notified of the time and place of appointment)</i>							
18B. WOULD YOU LIKE A VETERANS BENEFITS COUNSELOR TO CALL YOU AND ANSWER ANY QUESTIONS YOU MAY HAVE REGARDING YOUR VETERANS BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO				18C. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM? <i>(Highest degree or occupation)</i>			
18D. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE OF STUDY (MAJOR) YOU WILL BE TAKING <i>(List each diploma and specific degree or vocational course)</i>							
18E. EDUCATION OR TRAINING WILL BE BY: <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> INDEPENDENT STUDY <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB					18F. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT		
18G. DATE YOUR PROGRAM BEGAN OR WILL BEGIN <i>(Month, day, year)</i>				18H. DO YOU PLAN TO TAKE ANY REFRESHER COURSES? <i>(See Specific Instructions for Item 18H)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," list refresher course(s) by name and number and give your reasons for needing such training in Item 20, Remarks)</i>			
18I. DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE DURING THIS PERIOD OF EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," furnish full details in Item 20, Remarks)</i>				18J. IF YOU ARE NOT ON ACTIVE DUTY AND ARE AN EMPLOYEE OF THE U. S. GOVERNMENT, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT DURING THIS PERIOD OF EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," furnish full details in Item 20, Remarks)</i>			

NOTE: A scholarship mentioned in Items 18K, 18L, and 18M below, pays a stipend and all educational expenses, i.e., tuition, fees, books, and supplies.

18K. IF YOU ARE APPLYING FOR THE CHAPTER 106 PROGRAM, ARE YOU RECEIVING FINANCIAL (SCHOLARSHIP) ASSISTANCE UNDER SECTION 2107, TITLE 10, U.S. CODE, AS A MEMBER OF THE SENIOR RESERVE OFFICERS' TRAINING CORPS PROGRAM?

YES NO (If "Yes," furnish details in Item 20, Remarks)

18L. IF YOU ARE APPLYING FOR THE CHAPTER 30 PROGRAM, HAVE YOU COMPLETED A ROTC SCHOLARSHIP PROGRAM?

YES NO (If "Yes," give date of commission)

18M. ARE YOU CURRENTLY ENROLLED IN A ROTC SCHOLARSHIP PROGRAM?

YES NO (If "Yes," give your expected date of commission)

MARITAL STATUS AND DEPENDENCY INFORMATION

NOTE: Complete the items in this section only if you entered active duty before January 1, 1977, or if you checked "Yes" in Item 13F.

19A. ARE YOU PRESENTLY MARRIED?

YES NO (If "Yes," and not on active duty, submit VA Form 21-686c along with the marital evidence described on that form)

19B. DO YOU HAVE ANY UNMARRIED CHILDREN WHO ARE (A) UNDER AGE 18; (B) OVER 18 BUT UNDER AGE 23 AND ATTEND SCHOOL; OR (C) OF ANY AGE AND ARE PRESENTLY HELPLESS FOR MENTAL AND PHYSICAL PURPOSES?

YES NO (If "Yes," and not on active duty, submit VA Form 21-686c along with the evidence described on that form to establish your relationship to each child you claim. Also, submit a VA Form 21-674 for each child you claim who is over age 18 but under age 23 and is attending school)

19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT ON YOU FOR SUPPORT?

YES NO (If "Yes," and not on active duty, submit VA Form 21-509 and a certified copy of the public record of your birth)

20. REMARKS

I CERTIFY THAT all statements in my application are true and complete 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.

21A. SIGNATURE OF APPLICANT (Do not print)

SIGN HERE
IN INK



21B. DATE SIGNED

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

PART II - CERTIFICATIONS FOR PERSONS ON ACTIVE DUTY

NOTE: Part II does not apply if you are in the Reserves.

ARMED FORCES EDUCATION SERVICES OFFICER'S CERTIFICATION

I CERTIFY THAT this individual has consulted with me regarding his/her education program.

22A. SIGNATURE AND TITLE OF EDUCATION SERVICES OFFICER (Branch of Service)

22B. DATE SIGNED

23. COMMANDING OFFICER'S CERTIFICATION OF SERVICE

I CERTIFY THAT the records of this individual, who is under my command, are correct, and I verify the accuracy and completeness of the service and type of discharge or separation shown in Items 13A through 13J; the entries in Items 14A through 14C; and military education in Item 15D.

AND, that of the active duty shown above, the following period(s) reflect:

- Full time assignment by a service department to a civilian school (e.g. Operation Bootstrap) for a course of education substantially the same as established courses for civilians;
- Time served under the provisions of Title 10 U.S.C., Section 511(d) (Reserve or National Guard active duty for training);
- Non-creditable time. (Time lost because of industrial or agricultural furlough, under arrest without acquittal, AWOL, desertion, undergoing sentence of court-martial, etc.)

FROM (Month, day, year)

TO (Month, day, year)

SPECIFY WHETHER SCHOOLING, RESERVE, OR TIME LOST (If none, write "NONE")

24A. SIGNATURE OF COMMANDING OFFICER OR DESIGNEE

24B. UNIT

24C. DATE SIGNED

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR EDUCATION BENEFITS

PRIVACY ACT INFORMATION - No benefits may be paid unless a completed application has been received (38 U.S.C. 1671). 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. 3301), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 3/4 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0154), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

HOW TO APPLY FOR BENEFITS

1. **PART I** - Complete Part I of this application to apply for any one of the education benefits indicated in Item 11 of this application.

2. **PART II** - If you are on active duty in the Armed Forces, your education services officer and your commanding officer must complete PART II of this application. This does not apply if you are in the reserves.

3. **CERTIFICATION OF ENROLLMENT** - If you have selected a school or training establishment, request the certifying official of your school or training establishment to complete VA Form 22-1999, Enrollment Certification. Your school should send both this application and the enrollment certification to VA.

4. **ADVANCE PAYMENT** - You may receive an advance payment for the initial month or partial month and the following month if you enroll in school on at least a half-time basis. To request an advance payment, contact the school you will attend 30 days or more prior to the beginning of the term. Advance payment checks are mailed to the veterans certifying official at the school for delivery to you upon registration but no earlier than 30 days before classes begin.

5. **ITEMS ON APPLICATION** - Instructions relating to specific items in the application are discussed in SPECIFIC INSTRUCTIONS.

6. **FURTHER ASSISTANCE** - If you need assistance in completing this application or if you require further information on other VA benefits, contact the nearest VA regional office.

SPECIFIC INSTRUCTIONS

The instructions in this section are numbered to correspond to the items on the application.

ITEM 11B - If you are claiming benefits under the Montgomery GI Bill - Selected Reserve Educational Assistance Program, attach a copy of your DD Form 2384, Notice of Basic Eligibility. This notice is issued to you by your reserve unit (for example, the Army Reserve or the Air National Guard) at the time you became eligible for the Selected Reserve Educational Assistance Program. If you are unable to obtain your copy, request your reserve unit to furnish you with a duplicate.

ITEM 12 - 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 106, of Title 10 U.S.C.

c. VA Pamphlet 22-79-1, Revised, Summary of Educational Benefits under the Post-Vietnam Era Veterans' Educational Assistance Program - VEAP.

When VA receives your application, if you checked "No," in Item 12, VA will send you a pamphlet. You may also request a pamphlet from the person who furnished you this application.

ITEM 13 - Furnish proof of all periods of active military service which you completed as follows:

a. Furnish the original of copy 4 of DD Form(s) 214 for each period of active military service which you completed on or after October 1, 1979. If you do not have the original of copy 4, submit the original of any other copy which you have.

b. Furnish the original of DD Form(s) 214 for each period of active military service which you completed before October 1, 1979.

c. 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.

ITEM 18 - (Career Planning Assistance) - During career counseling, our Vocational Rehabilitation and Counseling Division will provide you with comprehensive assistance so you can make the best use of your VA education benefits. This assistance may include testing to develop a greater understanding of your skills, talents, and interests. You and your counselor will then use this information to explore ways to improve your current educational plans. If you need money to pay for your educational program or to meet your living expenses, your counselor has extensive information about sources of financial aid. The Vocational Rehabilitation and Counseling Division can also provide you with information about sources of assistance in obtaining employment.

If you indicated that you want a Veterans Benefits Counselor to call you and answer any questions you may have regarding veterans benefits, make sure you complete Items 7A and 7B.

If you have any questions or need assistance in completing this application, you may contact your nearest VA regional office. Consult a telephone directory under United States Government, Department of Veterans Affairs or Veterans Administration, for the telephone number. Toll-free telephone service is available in all 50 states. The information pamphlet described in Item 12 of these instructions furnishes comprehensive information on the benefit program you are applying for.

NOTE: REQUESTING CAREER PLANNING ASSISTANCE WILL NOT DELAY THE PROCESSING OF YOUR CLAIM.

ITEM 18E - Benefits are available for training as follows:

School Attendance - Available for all benefit programs shown in Item 11.

Correspondence Training - Available for all benefit programs shown in Item 11. Available for chapter 106 after September 30, 1990. (See NOTE below.)

Apprenticeship or on-the-job - Available for all benefit programs shown in Item 11. Available for chapter 106 after September 30, 1990.

Independent Study - Available for all benefit programs shown in Item 11. Not available for chapter 106 before October 1, 1990, unless taken concurrently with resident training.

Flight Training - Available for chapters 30 and 106 after September 29, 1990.

ITEM 18H - Refresher courses are available for all benefit programs shown in Item 11. Available for chapter 106 after September 30, 1990.

NOTE: 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 interests 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.

You must affirm a contract for enrollment in a correspondence course more than 10 days after you sign the contract. You will not be authorized educational benefits for any lessons serviced by the school before the date you affirmed 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.