



Department of Veterans Affairs

APPLICATION FOR VA EDUCATION BENEFITS

PART I - APPLICANT

NOTE: PLEASE TYPE OR PRINT CLEARLY IN BLACK INK OR NO. 2 PENCIL.

1. EDUCATION BENEFIT BEING APPLIED FOR:

- A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.) (See Part I Instructions)
- B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342) (See Part I Instructions)
- C. Montgomery GI Bill - Selected Reserve Educational Assistance Program (Chapter 1606 Title 10 U.S.C.) (See Part I Instructions)
- D. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME (Explain why you think you are eligible in Item 18, Remarks)

2. NAME OF APPLICANT (First, Middle Initial, Last)

3. SEX

- MALE FEMALE

4. DATE OF BIRTH (Month, Day, Year)

5. MAILING ADDRESS (Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)

6. VA FILE NUMBER OR SOCIAL SECURITY NUMBER

7. TELEPHONE NUMBER (Including Area Code)

A. DAY
()

B. EVENING
()

8. DIRECT DEPOSIT INFORMATION - Please attach a voided personal check, or provide the following information
(Caution: Direct Deposit may not be available for VEAP or Chapter 1606. See Item 8 of Instructions)

A. TYPE OF ACCOUNT (Check the type of account, if you do not have an account check the box)

- CHECKING OR SAVINGS I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

C. ACCOUNT NUMBER (OR ATTACH VOIDED CHECK)

D. ROUTING OR TRANSIT NUMBER (OR ATTACH VOIDED CHECK)

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

10. HAVE YOU PREVIOUSLY APPLIED FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS? (If "Yes," list each benefit claimed. See Item 10 of Instructions)

- YES NO

11. HAVE YOU ALREADY RECEIVED AN INFORMATION PAMPHLET EXPLAINING EDUCATION BENEFITS? (See Item 11 of Instructions)

- YES NO

12. PROGRAM OF EDUCATION OR TRAINING

A. SHOW THE NAME AND ADDRESS OF YOUR SCHOOL OR TRAINING ESTABLISHMENT (If known)

B. THE DATE YOU STARTED OR WILL START TRAINING (If known)

C. IF YOU KNOW YOUR EDUCATION OR CAREER GOAL (Please specify)

D. EDUCATION OR TRAINING WILL BE BY:

- SCHOOL ATTENDANCE APPRENTICESHIP OR ON-THE-JOB TRAINING
 CORRESPONDENCE VOCATIONAL FLIGHT TRAINING

13. ACTIVE DUTY SERVICE INFORMATION

NOTE: If you are on active duty but in a Terminal leave status (on leave continuously between the date that you last performed military duties until the date of your discharge from active duty), check YES in Items 13A and 13B.

A. ARE YOU NOW ON ACTIVE DUTY?

YES NO

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

YES NO

C. ARE YOU ATTACHING A COPY OF YOUR DISCHARGE PAPER? (If "NO," complete Items 13D through 13F and see Instructions for these Items)

YES NO

D. DATE ENTERED ACTIVE DUTY	E. DATE SEPARATED FROM ACTIVE DUTY	F. BRANCH OF SERVICE

14. CIVILIAN AND MILITARY EDUCATION

(Complete Item 14A or 14B. Leave both blank if you did not graduate from high school and did not complete the requirements for a certificate)

A. DATE YOU GRADUATED FROM HIGH SCHOOL

B. DATE YOU COMPLETED THE REQUIREMENT FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE

C. BELOW PLEASE SHOW ALL TRAINING AFTER HIGH SCHOOL, INCLUDING ALL APPRENTICESHIP OR ON-THE-JOB TRAINING (See Item 14C of Instructions)

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

D. WHAT FAA FLIGHT CERTIFICATES DO YOU HOLD?

15. NON-MILITARY OCCUPATION

	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
A. BEFORE ENTERING MILITARY SERVICE			
B. AFTER LEAVING MILITARY SERVICE			

16. ENTITLEMENT TO OTHER TYPES OF GOVERNMENT EDUCATIONAL ASSISTANCE (See Instructions for Item

NOTE: If you check "Yes," to any of these questions, provide full details in Item 18, REMARKS.

A. IF YOU ARE ON ACTIVE DUTY OR IN THE SELECTED RESERVE, ARE YOU RECEIVING OR DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS (SUCH AS TUITION ASSISTANCE) FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE FOR THE SAME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. IF YOU PARTICIPATED IN, OR ARE CURRENTLY PARTICIPATING IN, AN ROTC SCHOLARSHIP PROGRAM AND RECEIVED OR WILL RECEIVE AN OFFICER'S COMMISSION UPON COMPLETION OF THAT PROGRAM, SHOW THE DATE OF YOUR COMMISSION	Month Day Year
D. IF YOU ARE A FEDERAL GOVERNMENT EMPLOYEE, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT FOR THE SAME TIME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

17. MARITAL AND DEPENDENCY STATUS (See Instruction for Item 17)

NOTE: **ONLY MONTGOMERY GI BILL VETERANS** with military service (or delayed entry) before January 1, 1977 need to provide the following information:

A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18? OR (2) OVER 18 BUT UNDER AGE 23 AND ATTENDING SCHOOL? (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. REMARKS (If more space is needed, please attach separate sheet)

19. 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: Willfully false statement 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.

19A. SIGNATURE OF APPLICANT (DO NOT PRINT)	19B. DATE SIGNED
SIGN HERE IN INK ▶	

PART II - CERTIFICATION FOR PERSONS 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.

20A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION SERVICE OFFICER	20B. DATE SIGNED
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You can send the form to :

VETERANS ADMINISTRATION
P.O. BOX 4616
BUFFALO, NY 14240-4616