



## 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](http://www.gibill.va.gov)*

### PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT <input style="width: 100%; height: 20px;" 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: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
4. NAME (First, Middle Initial, Last) <input style="width: 100%; height: 20px;" type="text"/>		
5. APPLICANT'S ADDRESS Number and Street <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Apt./Unit Number <input style="width: 40px; height: 20px;" type="text"/> City, State, ZIP Code <input style="width: 100%; height: 20px;" type="text"/>		
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code) Primary: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Secondary: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
6B. APPLICANT'S E-MAIL ADDRESS (If applicable) <input style="width: 100%; height: 20px;" type="text"/>		
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: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
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"> <li>• I may not receive more than a total of 48 months of benefits under two or more programs.</li> <li>• 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.</li> <li>• My election is <b>irrevocable</b> and may not be changed.</li> </ul> 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"> <li><input type="checkbox"/> Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)</li> <li><input type="checkbox"/> Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)</li> <li><input type="checkbox"/> Chapter 1607 - Reserve Educational Assistance Program (REAP)</li> </ul>

### 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 &amp; 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.)		<b>VA DATE STAMP</b> (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 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 <i>(USN, USAF, USAR, ARNG, ETC.)</i>	D. SERVICE STATUS <i>(Active duty, drilling reservist, IRR, etc.)</i>	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 <i>(Semester, Quarter, or Clock)</i>	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.	<b>ACTIVE DUTY KICKER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>RESERVE KICKER</b> <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. <b>FOR ACTIVE DUTY CLAIMANTS ONLY:</b> 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](http://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