Veteran Benefits Checklist Sheet

CERTIFICATION WILL BE REPORTED ON A SEMESTER BASIS AFTER THE CLASS PRINT OUT IS TURNED IN TO THE FINANCIAL AID OFFICE. THE CLASSES ENROLLED FOR THE SEMESTER MUST REFLECT ON YOUR EDUCATIONAL PLAN.

Dear Veteran:

All items on this VA packet must be returned to the VA /Financial Aid Office (Including prior academic transcripts & class print out that matches your Ed Plan) before you can be certified.

The following must be completed in order to process your VA Educational Benefits. If not sure what your VA Education Benefits you are eligible for please go to http://www.gibill.va.gov/GI_Bill_Info/benefits.htm, to determine what chapter you are eligible to apply. You can also go to our website: http://www.gavilan.edu/finaid/va/forms.html for forms for VA Educational Benefits or go on line to http://vabenefits.vba.va.gov/vonapp/main.asp to apply. Please return this form with your paperwork, complete with signature.

Checklist for Veterans Applying for Educational Benefits

1. ___ Copy of DD214

2. ___ Application for Veterans Educational Benefits (Form 22-1999) or go on line to: http://vabenefits.vba.va.gov/vonapp/main.asp submit print-out of application or approved letter from Department of Veterans

3. ___ If a dependent the application for Survivors’ and Dependents’ Educational Assistance (Form 22-5490) and/or approved letter from Department of Veterans.


5. ___ Veteran Benefits Enrollment Certification Request 2009-2010.

6. ___ Academic transcripts from all other institutions

7. ___ Educational plan (A major or program must be declared to be certified)

8. ___ If you are eligible for the new GI Bill Chapter 33 Post 9/11 please fill-out the request for tuition fee waiver.

9. ___ If you are a dependent of a veterans please fill-out the California Department of Veterans Affairs College Fee Waiver and send to the given address or fax to be approved. Once you receive the letter from the California Department of Veterans Affairs please complete the Board of Governors Fee Waiver Application (BOG) with a letter from the California Department of Veteran Affairs so you will not need to pay full tuition for the school year.

When claiming dependents, submit copies of marriage license, divorce decree, (if applicable) and children’s birth certificates. Veterans changing majors, address, or place of training, ask for VA 22-1995 for recertification. Each semester bring a copy of your schedule and when adding or dropping let us know. The veteran is responsible in calling in enrollment certification to 877-823-2378 at the end of each month before payment is issued by the VA.

_________________________________________  ______________________________
Signature                                            Date
VETERAN EVALUATION OF COURSE REQUIREMENT FOR CURRENT MAJOR

VA Student’s Name ___________________________  ID or SSN _______________________

Listed below are the names of all other colleges I have attended. Without these transcripts, the counselor cannot proceed.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

VA Student’s Signature ___________________________  Date __________________________

*Per Veterans Affairs regulations, only one major or program is permitted for each evaluation form. Two programs cannot be combined, such as combining an Associate Degree with a Transfer Program.

TO BE COMPLETED BY COUNSELOR

Circle *ONE Academic Objective:  A.A.  A.S.  Certificate  Transfer

Major ________________________________

If transfer, indicate intended Transfer Institution ________________________________

List ONLY Prerequisites (per Catalog) or Basic Skills (per assessment test results) courses needed:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Courses which need to be repeated and why ____________________________________

___________________________________________________________________________

( NOTE: VA will not pay for repeat courses unless the course is required to meet the academic objective or minimum GPA)

Free elective units needed to meet unit requirement for academic objective ______________

PRIOR CREDIT EVALUATION FOR CURRENT OBJECTIVE

________________________________ All prior credit which fulfill major, general education, and/or unit requirements for current objective. Include all applicable units from Gavilan College and from all prior colleges.

Counselor Signature ___________________________  Date __________________________
GAVILAN COLLEGE
Financial Aid/VA Office 5055 Santa Teresa Blvd Gilroy, CA 95020
Tel: 408-848-4727  Fax: 408-848-4752

Veteran Benefits Enrollment Certification Request 2009-2010

Name: ___________________________  Social Security #: __________________

VA File # ________________________  Date of Birth: ______________________

Address: __________________________  City: _______  Zip: _____

Phone # Home: __________  Work: __________  e-mail ______________________

(E-mail print clearly)

Date you were separated from the military ______________________

Have you served an aggregated period of active duty after 9/11/2001?  __ Yes  __ No

Under which program will you receive benefits for the first time?  CHECK ONE

Chapter 30 (New G.I. Bill)  ____  Chapter 35 (Widow/Dependent)  ____  Transfer  ____
Chapter 31 (Voc. Rehab)  ____  Chapter 106 (Reservist)  ____  New Student  ____
Chapter 32 (VEAP)  ____  Chapter 33 (9/11)  ____  Continuing Student  ____
Chapter 34 (Old G.I. Bill)  ____  Returning Student  ____

Are you applying for VA Educational Benefits for the first time?  __ Yes  __ No

If you did apply for VA Educational Benefits at another school you need to fill out form 1995
Request of Change of School or Training.

Name of the school you last received VA Benefits was __________________________

Number of college units completed ____  (Includes all college work before, during and after
military service)

Academic Objective (Circle one)  A.A.  A.S.  CERT.  B.A.  B.S.  Transfer Program

Intended Transfer School __________________________

PLEASE READ BEFORE SIGNING: I understand that I must REQUEST CERTIFICATION OF
ENROLLMENT and that the above information is correct. I understand that should any changes (adds,
drops, withdrawals) take place, I will PROMPTLY notify Gavilan College Financial Aid/Veteran Office so that
action can be taken to modify my certification. I further understand that I am liable for any overpayment that
may occur due to not reporting changes on my part.

________________________________________  ______________________
Signature  Date

THIS INSTITUTION DOES NOT PARTICIPATE IN ADVANCE PAY
Consent for Release of Veteran Student Information
2009-2010

If you wish your records to be released to another party, you must complete the information below; submit this form to the Financial Aid/VA Office and present valid picture identification, which can include:

1. Driver license
2. State ID
3. School ID
4. Military ID

Veteran Name ____________________________ Veteran Gavilan ID # ______________

I hereby authorize the individual(s) listed below access to information regarding my VA information at Gavilan College for the ________ academic year. I understand that this only pertains to the Veteran Information and not other Gavilan College Departments on campus and I have the right to rescind this request at any time.

Name ____________________________ Relationship _______________________

Name ____________________________ Relationship _______________________

Veteran Signature Required ____________________________ Date ____________

FOR OFFICE USE

Copy of picture ID attached ______ Date Received __________ Staff Signature ______________________
This is a list and short description of each chapter. For more information on the different VA chapters go on line to: http://gibill.va.gov/.

- **Chapter 31 Vocational Rehabilitation** – Veterans with compensable service connected disabilities that meet certain qualifications. Must be enrolled in minimum of 6 units to be eligible for this benefit. Contact Department of Veterans Affairs' Vocational Rehabilitation and Education program (also known as Voc-Rehab) which offers disabled vets counseling, training, education and other services needed to help reintegrate into the civilian workforce. http://www.military.com/money-for-school/veteran/gi-bill/vocational-rehabilitation-and-employment-vre

- **Chapter 1606 Montgomery GI Bill-Selected Reserve** – Active reserve and Guard members who, on or after July 1, 1985 agreed to serve at least six years.

- **Chapter 1607 Reserve Educational Assistance Program (REAP)** – Active members of the Selected Reserve called to active duty in response to a contingency operation declared by the President or Congress. The Chapter 1607 benefits pay a percentage of the Chapter 30 three-year or more rate based on the number of continuous service days on active duty.

- **Chapter 35 Dependents Educational Assistance** – Dependents and survivors of service-connected disabled veterans (100% total/permanent) or deceased veterans.

- **Chapter 30 Montgomery GI Bill** – This benefit is available in two categories to qualifying veterans:
  1. Active duty service beginning July 1, 1985 or after.
  2. Active duty service beginning on or before December 31, 1979 served continuously through June 30, 1988 or after.

- **Chapter 33 Post 9/11 GI Bill** - only active duty service performed after 9/11/2001, may be considered for determining eligibility for this new benefit. To be eligible, a service member or veteran must have served at least 90 days aggregate days on active duty. However, individuals honorably discharged for a service-connected disability who served 30 continuous days after 9/10/2001, may also establish eligibility. Submit letter of approve from the VA to the VA Certifying Official at Gavilan College

Go to: http://vabenefits.vba.va.gov/vonapp/main.asp for an electronic application form that may be completed and submitted online requesting your Veteran Education Benefits or come into the Gavilan College Financial Aid/Veteran Office for the paper application. You can also go to the following website www.gavilan.edu/finaid to print out an application for VA Educational Benefits. Once certified by the VA Certifying Official you can verify your units on www.gibill.va.gov/wave.
# Application for Survivors' and Dependents' Educational Assistance

## Part I - Applicant Information

<table>
<thead>
<tr>
<th>1. Social Security Number of Applicant</th>
<th>2. Sex of Applicant</th>
<th>3. Applicant's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Month - Day - Year</td>
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<tr>
<th>4. Name of Applicant (First, Middle, Last)</th>
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<tr>
<th>5. Applicant's Address</th>
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<tbody>
<tr>
<td>Number and Street</td>
</tr>
<tr>
<td>Apt./Unit Number</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6A. Applicant's Telephone Numbers (Include Area Code)</th>
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<tbody>
<tr>
<td>Primary:</td>
</tr>
<tr>
<td>Secondary:</td>
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</tbody>
</table>

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<tr>
<th>6B. Applicant's Email Address (If applicable)</th>
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</table>

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<tr>
<th>7. Relationship of Applicant to Qualifying Individual</th>
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</thead>
<tbody>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Surviving Spouse</td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td>Stepchild</td>
</tr>
<tr>
<td>Adopted Child</td>
</tr>
</tbody>
</table>

## Part II - Information Concerning Disabled or Deceased Veteran or Individual on Active Duty

<table>
<thead>
<tr>
<th>8. Name of Individual on whose account benefits are claimed (First, Middle, Last)</th>
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<tr>
<th>12. Date of Birth</th>
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<tbody>
<tr>
<td>Month - Day - Year</td>
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<tr>
<th>13. Date of Death or Date Listed as Missing in Action or P.O.W.</th>
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</thead>
<tbody>
<tr>
<td>Month - Day - Year</td>
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<table>
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<tr>
<th>14. Is the individual on whose account benefits are being claimed on active duty? (PL 109-451)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

## Part III - Type and Program of Education or Training

<table>
<thead>
<tr>
<th>15. Education or Training will be by: (Check more than one if necessary)</th>
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</thead>
<tbody>
<tr>
<td>College or Other School</td>
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<tr>
<td>Apprenticeship or Other On-the-Job Training</td>
</tr>
<tr>
<td>Farm Cooperative</td>
</tr>
<tr>
<td>National Admission Exams or National Exams for Credit</td>
</tr>
<tr>
<td>Licensing or Certification Test</td>
</tr>
<tr>
<td>Correspondence Course (Spouse or surviving spouse only)</td>
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<thead>
<tr>
<th>16. Please provide full name and address of school or training facility, if known</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Number and Street</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
</tr>
</tbody>
</table>

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<tr>
<th>17. Please specify your education or career objective, if known (E.G. Bachelor of Arts in Accounting, Welding Certificate, Police Officer)</th>
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<tr>
<th>18. Do you know the date you will begin your school or training?</th>
</tr>
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<tbody>
<tr>
<td>Month - Day - Year</td>
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</table>
PART IV - SPECIAL INFORMATION CONCERNING APPLICANT

19. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?
   □ YES □ NO

20. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)
   □ YES □ NO

21. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)
   □ YES □ NO

22. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARIED SINCE HIS OR HER DEATH?
   □ YES □ NO

23. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE: Complete Item 24 only if you are the civilian employee of the U.S. Government.

24. 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," show the source of these funds in Item 24B)
   □ YES □ NO

24B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

25. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR, OR RECEIVED, ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A. □ DISABILITY COMPENSATION OR PENSION
B. □ DEPENDENTS' INDEMNITY COMPENSATION (DIC)
C. □ VOCATIONAL REHABILITATION BENEFITS
D. □ VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit)
E. □ SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 26 and 27)
F. □ NONE
G. □ OTHER (Specify)

IMPORTANT: Complete Items 26 and 27 only if you check "E" in Item 25.

26. NAME OF VETERAN ON WHOM ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

27. VETERAN'S SOCIAL SECURITY OR FILE NUMBER

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

29. DO YOU OR THE INDIVIDUAL ON WHOM ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING WARRANT?
   □ YES □ NO

PART V - APPLICANT'S MILITARY SERVICE INFORMATION

(NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more or subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part VI)
   □ YES □ NO

31. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
   (Please complete Items 31A through 31D for each period of your active duty)

   A. DATE ENTERED ACTIVE DUTY
      Month Day Year

   B. DATE SEPARATED FROM ACTIVE DUTY
      Month Day Year

   C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT

   D. CHARACTER OF DISCHARGE

PART V I- PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

A. EDUCATION AND TRAINING

32A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 32B
   □ GRADUATED FROM HIGH SCHOOL
   □ DISCONTINUED HIGH SCHOOL
   □ EXPECT TO GRADUATE
   □ GED
   □ NEVER ATTENDED HIGH SCHOOL

32B. DATE
   Month Day Year

33. EDUCATION (Include all apprenticeships and on-the-job training)

   TYPE OF SCHOOL
   NAME AND LOCATION OF SCHOOL (City and State)
   DATES OF TRAINING FROM TO
   NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED
   DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED
   MAJOR FIELD OR COURSE OF STUDY

   HIGH SCHOOL

   COLLEGE
33. EDUCATION (Include all apprenticeships and on-the-job training) (Continued)

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>NAME AND LOCATION OF SCHOOL (City and State)</th>
<th>DATES OF TRAINING</th>
<th>NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED</th>
<th>DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED</th>
<th>MAJOR FIELD OR COURSE OF STUDY</th>
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<tbody>
<tr>
<td>VOCATIONAL OR TRADE</td>
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<td>OTHER</td>
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B. EMPLOYMENT

34. CURRENT AND PAST EMPLOYMENT

<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
<th>PRINCIPAL OCCUPATION</th>
<th>NUMBER OF MONTHS EMPLOYED</th>
<th>LICENSE OR RATING</th>
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PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits beginning on the following date:

35. DATE OF ELECTION

Month Day Year

36. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to include your name and Social Security Number on each additional paper you include)
APPLICATION SUBMISSION REMINDERS AND INFORMATION

Did you remember to:
- Write you Social Security Number on Each Page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. copy of birth certificate, marriage license, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION IN ITEMS 42A AND 42B.

THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT WWW.GIBILL.VA.GOV.

37. IF YOU WOULD LIKE TO RECEIVE A PRINTED PAMPHLET, CHECK THIS BOX

PART VIII - 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.

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.

38A. SIGNATURE OF APPLICANT (Do NOT Print) 38B. DATE SIGNED

SIGN HERE IN INK

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN

(This section must be completed by the parent, guardian, or custodian if the applicant is a minor)

39. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (First, Middle Initial, Last) (Type or print)

40. MAILING ADDRESS OF PARENT, GUARDIAN OR CUSTODIAN

   Number and Street

   Apt./Unit Number

   City, State, ZIP Code

41. TELEPHONE NUMBERS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code)

   Primary:   Secondary:

41B. EMAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (If Applicable)

42A. SIGNATURE OF: (Check one) (Do Not Print) 42B. DATE SIGNED

   □ PARENT    □ GUARDIAN    □ CUSTODIAN

SIGN HERE IN INK
INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION
FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

This form is available on the Internet. We suggest that you file your application by going to www.gibill.va.gov and submitting your application electronically. Select "Electronic Application Form."

If you submit your application electronically, VA will automatically transfer your application to the Regional Processing Office that handles your claim. See HOW TO FILE YOUR CLAIM for additional information on sending any supporting documentation and where to mail your completed paper application.

SPECIFIC INSTRUCTIONS

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

DO NOT USE THIS FORM TO APPLY FOR VETERANS' EDUCATION ASSISTANCE (chapters 30, 32, 33, 1606, or 1607) or VOCATIONAL REHABILITATION BENEFITS (chapter 31). These benefits require different application forms. Use VA Form 22-1990 to apply for Veterans' Education Assistance. This form is available at www.gibill.va.gov. Use VA Form 28-1900 to apply for Vocational Rehabilitation benefits See http://va.benefits.va.va.gov/onapp/main.asp for the Veterans On-Line Application for this form. These forms are also available at your nearest VA regional office and may be available where you received this application.

ITEM 7. To qualify for Survivors' and Dependents' Educational Assistance you must be either:

(1) the spouse or child of a veteran who is permanently and totally disabled as the result of a service-connected disability;

(2) the spouse or child 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, 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,

(3) the surviving spouse or child of a veteran who died of a service-connected disability or who died while a service-connected disability was rated permanent and total in nature.

(4) the spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services, or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the serviceperson is likely to be discharged or released from such service for such disability.

Eligibility for Survivors' and Dependents' Educational Assistance will be terminated in the event that VA determines that the veteran on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

NOTE: "Child" includes adopted children and stepchildren who are members of the veteran's or individual's household. Married children are eligible for this benefit.

The period of eligibility for a child is generally 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.

ITEM 10. VA may have assigned the veteran or individual an eight-digit file number. If you know this number, write it in the space provided.

ITEM 15. Self-explanatory, except for the following items:

Check the "License or certification test" block if you want reimbursement for a licensing or certification test. A licensing test is a test offered by a state, local, or federal agency which is required by law to practice an occupation. A certification test is a test designed to provide an affirmation of an individual's qualification in a specific occupation.

The best way to claim the benefit is for the individual to send VA a copy of his or her test results with a note or a VA Form 21-4138, Statement in Support of Claim, stating that they are requesting reimbursement. The claimant should include:

(1) The name of the test taken

(2) The name and address of the organization issuing the license or certificate (not necessarily the organization that administered the test)

(3) The date the test was taken

(4) The cost of the test

(5) The following (signed) statement: "I authorize release of my test information to VA."

Check the "National admission exams or national exams for credit" block if you want VA to reimburse you for the fee you paid for taking one or more national tests. National tests for admission to institutions of higher learning include the following: the Scholastic Aptitude Test, Law School Admission Tests, Graduate Record Exam, or the Graduate Management Admission Test. National tests providing an opportunity for course credit at institutions of higher learning include the following: The Advanced Placement Exam and the College-level Examination Program.

NOTE ON CORRESPONDENCE TRAINING: Only spouses and surviving spouses may receive benefits for correspondence training. 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 interest 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. Unlike other VA training programs, payments for correspondence courses are made quarterly, after VA receives your certification showing the number of lessons you completed during the previous quarter. You must affirm a contract for enrollment in a correspondence course after at least 10 days following the date you sign 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.

ITEMS 20 and 21. Any eligible person may receive Special Restorative Training or Specialized Vocational Training, if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, auditory training, Braille reading and writing, or other similar training. Specialized Vocational Training consists of specialized courses leading to a vocational objective. This objective must be suitable for you and required because of a physical or mental handicap.

NOTE: You will not be eligible to receive benefits for any period for which you or the veteran or individual on whose account you are claiming benefits has an outstanding felony warrant. Any benefits paid to you for such a period will be an overpayment subject to collection.

ITEM 22 and 23. A spouse may use educational benefits during the 10-year period after eligibility is found. A surviving spouse may use these benefits during the 10-year period following the veteran's death or 10 years after VA determines the veteran's death was caused by a service-connected disability. The eligibility period
SPECIFIC INSTRUCTIONS (Continued)

is 20 years for a surviving spouse if the veteran’s death was in service. Eligibility will terminate in the event a spouse is divorced from the veteran or in the event a surviving spouse is remarried, unless the remarriage is both after the surviving spouse’s 57th birthday and after January 1, 2004.

NOTE: A surviving spouse who terminates a remarriage may re-establish eligibility, but will not qualify for an extension of the ten-year or twenty-year eligibility period.

ITEM 25. If you received education benefits under a law VA administers, such as the Montgomery GI Bill Educational Assistance Program, the Montgomery GI Bill Selected Reserve Educational Assistance Program, the Reserve Educational Assistance Program, or Post 9/11 GI Bill, specify which benefit in this block.

ITEM 25C. Check the “Vocational Rehabilitation Benefits” block if you applied for VA education benefits as a disabled veteran.

ITEM 25E. Check the “Survivors’ and Dependents’ Educational Assistance” block if you have previously applied for benefits as the dependent of a veteran other than the veteran or individual on whose account you are currently claiming benefits.

ITEM 25F. Check the “None” block if you have never previously applied for VA education benefits.

ITEM 13G. Check the “Other” block if you previously applied for VA benefits other than any of those specified in Items 25A through 25F.

ITEMS 26 and 27. If you previously applied for VA benefits as the dependent child or spouse of an individual who is permanently and totally disabled due to service-connected disabilities or who died on active duty, provide the name of the individual (your parent or spouse) and the Social Security Number or the VA file number for this person in the space provided.

ITEM 30. Benefits under this program are not payable while an eligible person is serving on active duty in the Armed Forces.

ITEM 32. A child who is under 18 and 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. An eligible person who has not received a high school diploma or its equivalent can pursue approved secondary-level programs. An eligible person can also pursue refresher, remedial, or deficiency courses needed for admission into an education program.

ITEM 34. If you have ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating and the state in which the license was held in the space marked “License or Rating.” We only use this information if you apply for benefits for a similar program. Examples of a license include the following: electrician, CPA, teacher, lawyer, and bricklayer. Use Item 36, “Remarks,” if you need more space.

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. Services include educational and vocational guidance and testing to help you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA Toll Free at:

1-800-827-1000

or TDD 1-800-829-4833

ITEM 35. Your election to receive Survivors’ and Dependents’ Educational Assistance is final and cannot be changed. This means that payments of compensation, pension, or Dependents’ Indemnity Compensation (DIC) based on school attendance after your 18th birthday are prohibited once you cash your first benefit check under this chapter. If you are planning to pursue a program of education for longer than 45 months, you may find it to your advantage to defer benefits and continue compensation, pension, or DIC payment for the present. If it appears that a deferral of benefits might be to your advantage, we strongly recommend that you discuss with a VA counselor the various options open to you. However, if it does not appear that a referral would be to your advantage, indicate the date from which you wish to receive Survivors’ and Dependents’ Educational Assistance.

ITEM 37. VA publishes Pamphlet 22-73-3, Summary of Educational Benefits Under the Survivors’ and Dependents’ Educational Assistance Program, Chapter 35 of Title 38, U.S.C., an information pamphlet for this benefit. You should have received this pamphlet with your application. If you check “YES,” VA will send you one. You may also request a pamphlet from the person who furnished your this application.

GENERAL INSTRUCTIONS

ADVANCE PAYMENT - Once you have enrolled in an approved course, you may receive an advance payment for the first month (or part of a month) and second month of enrollment if ALL the following conditions are met:

• You are enrolled on at least a half-time basis, and

• Your school has agreed to receive and process advance payment checks for delivery to it students, and

• You request advance payment by signing a request block on the enrollment certification your school sends to us, and

• VA receives your enrollment certification at least 30 days before classes start

NOTE: If we do not pay an advance payment, we will pay you after each month you attend school. In some cases, VA will require you to verify your enrollment each month before you receive payment.

IMPORTANT: Additional requirements set by law may prevent us from making an advance payment.

HELP: If you need 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. Our education Internet site (www.gibill.va.gov) is available to help you.

PRIVACY ACT INFORMATION: 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 (i.e., awards of benefits) as identified in the VA system of records, 38VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain 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. 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 in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is 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. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 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/endoeminate/VA.EPA.html#VA.

If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.
HOW TO FILE A COMPLETED PAPER APPLICATION

If you have:
(A) selected a school or training establishment,
• Step 1: Mail the completed form to the VA Regional Processing Office in the region of that school's physical address. Check below for the post office box address for these offices.
• Step 2: Notify the VA certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your attendance 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 our decision concerning your eligibility for education assistance.

(B) not selected a school or training establishment,
• Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Check below for the post office box address for these offices.
• Step 2: Wait for VA to process your application and notify you of our decision concerning your eligibility for education assistance.

HOW TO FILE A COMPLETED ELECTRONIC APPLICATION

If you completed your application electronically, VA furnished you with the following: (1) a unique confirmation number for your individual claim and (2) the address of the VA office (Education Regional Processing Office) that will process your claim. You need to write this information down and keep it in a safe location.

If you have:
(A) selected a school or training establishment, follow the same action as shown in (A), step 2, above.

(B) not selected a school or training establishment, wait for VA to process your application and notify you of our decision concerning your eligibility for educational assistance.

| 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 |

| Southern Region:  
| VA Regional Office  
| P. O. Box 100022  
| Decatur, GA 30031-7022 |

SERVES THE FOLLOWING STATES

| AL | FL | GA | MS |
| NC | PR | SC | US Virgin Islands |