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 decreed, (if applicable) and children’s birth certificates. Veterans changing majors, address, or place of training, ask for VA 22-1995 for re-certification. 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 ___________________
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  
2009-20010

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 __________
WHAT CHAPTER ARE YOU?

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 VA EDUCATION BENEFITS
(VA FORM 22-1990)

Use this form to apply for educational assistance under the following benefit programs:

* Post-9/11 GI Bill chapter 33 of title 38, U.S. Code
* Montgomery GI Bill (MBG) chapter 30 of title 38, U.S. Code
* Montgomery GI Bill - Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
* Reserve Educational Assistance Program (REAP) chapter 1670 of title 10, U.S. Code
* Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 903 of Public Law 96-342

INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at www.va.gov/vaforms or can be obtained from the nearest VA regional office. They may also be available where you received this application.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at www.gibill.va.gov. Click "Apply On Line" and select the "Education" option.

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 make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at (800) 829-4833.

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

Part II

(This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.)

ITEM 9A. You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

ITEM 9B. You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

OR

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

OR

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by $1,200

OR

You were involuntarily separated from active duty after February 2, 1991,

OR

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid $1,200

OR

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid $2,700.

ITEM 9C. You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

VA FORM MAY 2009 22-1990
SUPERSDES VA FORM 22-1990, DEC 2008, WHICH WILL NOT BE USED.
ITEM 9D. You may be eligible for benefits under the Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

ITEM 9E. You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account. You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903", if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

ITEM 9F. If you are eligible for MGIB, MGIB-SR, or REAP, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB, MGIB-SR, and REAP), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 48 months of benefits under two or more programs. If you elect chapter 33 in lieu of chapter 30, your 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 your election. However, if you completely exhaust your entitlement under chapter 30 before the effective date of your chapter 33 election, you may receive up to 12 additional months of benefits under chapter 33. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

NOTE: An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is IRREVOCABLE. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at www.gibill.va.gov or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

PART III

ITEM 10A. Self explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up" This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay you for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

PART VIII

QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1979). If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at www.va.gov/vaforms.

ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GIBILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our education Internet site www.gibill.va.gov.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:
Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment 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 its decision concerning your eligibility for education benefits.

(B) If you haven't selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.
**Eastern Region:**  
VA Regional Office  
P.O. Box 4616  
Buffalo, NY  14240-4616

Serves the following states:

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**Central Region:**  
VA Regional Office  
P.O. Box 66830  
St. Louis, MO  63166-6830

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**Western Region:**  
VA Regional Office  
P.O. Box 8888  
Muskogee, OK  74402-8888

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

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Privacy Act Notice: The 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, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran’s identifying information to the veteran’s school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran’s education claim or to monitor his or her progress during training) as identified in the VA system of records, SBVA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain 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. The 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 enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be 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. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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 (Office of Management and Budget) 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/budget/OFR2001/2001と思います。If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 22-1990, MAY 2009
APPLICATION FOR VA EDUCATION BENEFITS

1. SOCIAL SECURITY NUMBER OF APPLICANT

2. SEX OF APPLICANT
   - MALE
   - FEMALE

3. APPLICANT'S DATE OF BIRTH
   - Month
   - Day
   - Year

4. NAME (First, Middle Initial, Last)

5. APPLICANT'S ADDRESS
   - Number and Street
   - City, State, ZIP Code
   - Apt/Unit Number

6. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)
   - Primary
   - Secondary

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
   - Checking
   - Savings

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

- 9A. Chapter 33 - Post-9/11 GI Bill (Complete SF if you are eligible for chapter 30, chapter 1606, or chapter 1607)
- 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
- 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
- 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)
- 9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)
- 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:
   - I may not receive more than a total of 48 months of benefits under two or more programs.
   - 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.
   - My election is irrevocable and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective ______________ (date)

   - Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
   - Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-ER)
   - Chapter 1607 - Reserve Educational Assistance Program (REAP)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)
   - COLLEGE OR OTHER SCHOOL (Including on-line courses)
   - APPRENTICESHIP OR ON-THE-JOB
   - VOCATIONAL FLIGHT TRAINING
   - NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC)
   - CORRESPONDENCE
   - LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCIS, CCHM, EMT, NCLEX, ETC)
   - TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only)

VA DATE STAMP
(Do Not Write In This Space)
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 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

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<th>A. DATE ENTERED</th>
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<th>C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)</th>
<th>D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)</th>
<th>E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?</th>
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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 II, Remarks)
- YES  □  NO

14C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER</th>
<th>DATES OF TRAINING FROM</th>
<th>TO</th>
<th>NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock)</th>
<th>DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED</th>
<th>MAJOR FIELD OR COURSE OF STUDY</th>
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</table>

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14D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)

<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
<th>PRINCIPAL OCCUPATION</th>
<th>NUMBERS OF MONTHS WORKED</th>
<th>LICENSE OR RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE MILITARY SERVICE</td>
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<tr>
<td>AFTER MILITARY SERVICE</td>
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</table>

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.)

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.

17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.

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: _______

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?

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".

21. FOR ACTIVE DUTY CLAIMANTS ONLY: 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.

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."
PART VII - INFORMATION ON VA EDUCATION BENEFITS

NOTE: The most current information on VA education benefits is available online at 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