



**APPLICATION FOR VA EDUCATION BENEFITS UNDER THE
NATIONAL CALL TO SERVICE (NCS) PROGRAM
(VA FORM 22-1990N)**

Use this form to apply for education benefits under the National Call to Service (NCS) program (section 510 of title 10, U.S. Code). You should apply for this benefit if you first entered the military on or after October 1, 2003, signed an enlistment contract with DoD (Department of Defense) under the NCS program, and you elected one of the two education incentives provided by that program.

**INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS UNDER THE NCS PROGRAM**

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

ITEM 8A. 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 which 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.

ADDITIONAL HELP

If you need more 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 VA toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our VA Education Internet site www.gibill.va.gov.

HOW TO FILE YOUR CLAIM

Be sure to sign and date the application and 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 the 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 the 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:

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	GUAM
APO/FPO AP			

**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
APO/FPO AA			

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 1.526 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, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation 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 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/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



APPLICATION FOR VA EDUCATION BENEFITS UNDER THE NATIONAL CALL TO SERVICE (NCS) PROGRAM

(Section 510, Title 10, U.S. Code)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT <div style="border: 1px solid black; padding: 2px;"> </div>	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Month <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;"> Day <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;"> Year <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px;"></div> </div> </div>
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4. NAME (First, Middle Initial, Last)

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5. APPLICANT'S ADDRESS

Number and Street

Apt./Unit Number

City, State, ZIP Code

6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)

Primary: Secondary:

6B. APPLICANT'S E-MAIL ADDRESS (If applicable)

7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information)

Routing or Transit Number <div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number <div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
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PART II - TYPE AND PROGRAM OF EDUCATION OR TRAINING

8A. 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 CORRESPONDENCE
 NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)
 LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)

8B. FULL NAME AND ADDRESS OF SCHOOL, IF KNOWN	VA DATE STAMP (Do Not Write In This Space)
8C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)	
(Check, if applicable) <input type="checkbox"/> If during the review made by VA I am found to be eligible for more than one benefit, I authorize VA to pay the benefit with the highest monthly rate.	

SOCIAL SECURITY NUMBER OF APPLICANT

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PART III - SERVICE INFORMATION

NOTE: It will help VA process your claim if you send the following:

- DD 2863 (National Call to Service (NCS) Election of Options)
- DD Form 214 (Member 4) for all periods of active duty service

9A. ARE YOU NOW ON ACTIVE DUTY?

YES NO

9B. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

YES NO (If "Yes," please provide a copy of your DD Form 214 (Member 4) when issued)

10. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)	D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)

PART IV - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE

11A. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM WHICH PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107, TITLE 10, U.S. CODE?

YES NO

11B. **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."

YES NO

11C. **FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY:** Are you receiving 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."

YES NO

APPLICATION SUBMISSION REMINDERS

Did you remember to

- Write your complete mailing address?
- Attach a copy of DD 2863 (National Call to Service (NCS) Election of Options)

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

PART V - 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.

12A. SIGNATURE OF APPLICANT (DO NOT PRINT)

12B. DATE SIGNED