

APPLICATION FOR TRANSFER OF ENTITLEMENT (TOE)

Use this form to apply for Transfer of Entitlement to basic educational assistance under chapters 30 and 33 of title 38, U.S. Code and chapters 1606 and 1607 of title 10, U.S. Code. Use this form only if you are a dependent of an individual eligible to transfer benefits to his or her dependents. The service member's military branch must have approved the request to transfer benefits. The eligible service member must have designated you by name, the number of months transferred, and the period for which the transfer is effective.

Do <u>not</u> use this form to apply for benefits based upon your own military service. To apply for benefits based on your own service use VA Form 22-1990. That form can be downloaded at www.va.gov/vaforms, completed on-line and submitted electronically at www.gibill.va.gov (click "Apply On Line" and select the "Education" option). It can also be obtained from the nearest VA regional office and it may also be available where you received this application.

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS TOE 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 9A. 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 us 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 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.

Remember: It will help VA process your claim if you include the following:

- A copy of the transferability authorization form issued to the service member
- A VA Form 21-686c (Declaration of Status of Dependents) completed and signed by the service member
- A copy of any college fund contract issued to the service member
- Proof of additional MGIB contributions made by the service member

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616							
Serves the following states:							
СТ	CT DE DC ME						
MD	MA	NH	NJ				
NY	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	CO IA IL IN						
KS	KY	MI	MN				
MO	MT	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	NM					
NV	NV OK OR PHILIPPINES						
TX							
APO/FPO AP							

Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022							
Serves the following states:							
AL	AL FL GA MS						
NC							
	APO/FF	PO 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 1.576 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, 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.

Department of Veterans Affair				
APPLICATION FOR TRANSFER OF ENTITLEMENT (TOE)				
ALL LIGATION TO TRANSPER OF ENTITE LINEAR (TOL)				
INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov				
1. SOCIAL SECURITY NUMBER OF APPLICANT 2. SEX OF APPLICANT 3. APPLICANT'S DATE OF BIRTH Month Day Year				
4. NAME (First, Middle Initial, Last)				
4. NAME (First, Middle Iriliai, Last)				
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 Account Type Account Number Checking Savings				
8A. RELATIONSHIP TO SERVICE MEMBER 8B. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," provide date)				
☐ SPOUSE ☐ CHILD ☐ YES DATE: ☐ NO				
PART II - TYPE AND PROGRAM OF EDUCATION OR TRAINING				
9A. 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.) ☐ TUITION ASSISTANCE TOP-UP				
LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)				
9B. FULL NAME AND ADDRESS OF SCHOOL, IF KNOWN VA DATE STAMP (Do Not Write In This Space)				
9C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)				

PART III - EDUCATION AND EMPLOYMENT INFORMATION									
10A. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify below)									
YES NO									
10B. E	EDUCATION AF	TER HIGH SCH	IOOL (Including ap		eship, o T	n-the-job	training, and	flight training)	
NAME AND LOCATION OF COLLEGE OR OTHER	DATES OF	F TRAINING	NUMBER AN TYPE OF HOI (Semester, Quar	URS	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED			MAJOR FIELD OR COURSE OF STUDY	
TRAINING PROVIDER	FROM	ТО	Clock)	1101 0.			L 11.LOL. 1.L.		
	1	I							
			<u> </u>		<u> </u>				
10C	. EMPLOYMEN	T (Only complete	e if you held a licen	nse or jo	ourneym	nan ratin	g to practice a	profession)	
EMPLOYMENT	PRI	INCIPAL OCCUP	'ATION	NUM	BER OF	F MONT	HS WORKED	LICENSE OR RATING	
JOB 1 SINCE HIGH SCHOOL	E HIGH SCHOOL								
JOB 2 SINCE HIGH SCHOOL									
PART IV - I	ENTITLEM	ENT TO AN	D USAGE O	F AD	DITIC	ONAL	TYPES O	F ASSISTANCE	
receiving any money (including	11A. FOR APPLICANTS ON ACTIVE DUTY 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						YES NO		
11B. FOR APPLICANTS WHO ARE 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."									
TO CERTIFICE MEMBERIO COCIAL OF				T 0	-5: //05		==:0 == ANO!		
12. SERVICE MEMBER'S SOCIAL SE	12. SERVICE MEMBER'S SOCIAL SECURITY NUMBER 13. SERVICE MEMBER'S BRANCH OF SERVICE					1 OF SERVICE			
				<u> </u>					
14. SERVICE MEMBER'S NAME (Fire	st, Middle Initial,			\top	\neg	\Box			
15 OFFICE MEMBERS APPROVE									
15. SERVICE MEMBER'S ADDRESS Number and Street	, 	$\overline{}$		П					
Apt./Unit Number									
City, State, ZIP Code				Ш					
NOTE: It will help VA process yo	ur claim if voi	include the fo	llowing.						
A copy of the transferability	•		•	ember					
A VA Form 21-686c (Declar)		•		and siç	ned by	y the se	ervice membe	∍r	
 A copy of any college fund contract issued to the service member Proof of additional MGIB contributions (up to \$600.00) made by the service member 									
PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT									
I CERTIFY THAT all statements in	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.									
16A. SIGNATURE OF APPLICANT (DO NOT PRINT) 16B. DATE SIGNED				= SIGNED					
ION. SIGNATURE OF AFFEIGANT (<u>DO NOT FININT)</u>				100. 57.1.2	ESIGNED				