

**APPLICATION FOR TRANSFER OF ENTITLEMENT (TOE)
BASIC EDUCATIONAL ASSISTANCE UNDER THE MONTGOMERY GI BILL**

Use this form to apply for Transfer of Entitlement to basic educational assistance under the Montgomery GI Bill (chapter 30 of title 38, U.S. Code, section 3020). Use this form only if you are a dependent of an individual eligible to transfer Chapter 30 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 not use this form to apply for Montgomery GI Bill 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 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.

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

- A copy of the DD Form 2366-2 (Montgomery GI Bill Act of 1985 Transferability Program) 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:

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.



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(Chapter 30 of Title 38 U.S.Code, Section 3020)

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 <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - Day: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - Year: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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4. NAME (First, Middle Initial, Last)

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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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	Account Type	Account Number
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width: 100%; height: 20px;" type="text"/>

8A. RELATIONSHIP TO SERVICE MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	8B. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," provide date) <input type="checkbox"/> YES DATE: _____ <input type="checkbox"/> NO
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PART II - TYPE AND PROGRAM OF EDUCATION OR TRAINING

9A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

<input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB
<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	<input type="checkbox"/> CORRESPONDENCE
<input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP
<input type="checkbox"/> 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.)	

