

APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-1990)

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

- Montgomery GI Bill (MGIB) 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 1607 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 <u>not</u> 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 under the Montgomery GI Bill (chapter 30 of title 38, U.S. Code), 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. It is important to remember to print the signature page, sign it, date it, and mail it to the address provided on-line.

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. 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 <u>one</u> 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 know as "chapter 34")

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,

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

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 9B. You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also know 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.

ITEM 9C. 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 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 9D. 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 901" 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.

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 the Chapter 30 Montgomery GI Bill program. 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, 1978). 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-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 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 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:						
СТ	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/F	PO AP				

	Southern Ro VA Regiona P. O. Box 1 Decatur, GA 3	l Office 00022				
	Serves the follow	wing 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 (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/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.

OMB Control No. 2900-0154 Respondent Burden: 15 minutes

Department of Veterans Affairs APPLICATION FOR VA EDUCATION BENEFITS (See attached Information and Instructions)						
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 2. SEX OF APPLICANT 3. APPLICANT'S DATE OF BIRTH Month Day Yea						
	MALE L FEMALE L					
4. NAME (First, Middle Initial, Last)						
5. APPLICANT'S ADDRESS						
Number and Street						
Apt./Unit Number						
City, State, ZIP Code						
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Primary:	a Code) Secondary:					
6B. APPLICANT'S E-MAIL ADDRESS (If applicable)						
7. DIRECT DEPOSIT (Attach a voided personal check or p	provide the following information. Direct Deposit is not available for VEAP)					
Routing or Transit Number	Account Type Account Number					
Ch	ecking Savings Savings					
	, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WH					
A. NAME	B. ADDRESS	C. PHONE NUMBER				
	I - EDUCATION BENEFIT BEING APPLIED FOR See instructions for benefit eligibility criteria					
9A. Chapter 30 - Montgomery GI Bill Educa						
	elected Reserve Educational Assistance Program (MGIB-SR)					
9C. Chapter 1607 - Reserve Educational As	ssistance Program (REAP)					
9D. Chapter 32, Section 901, or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)						
(Check, if applicable)	o i ost vietnam Era veterano Edadational Assistance i rogram (v	LTM)				
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.						
	GRAM OF EDUCATION OR TRAINING	VA DATE STAMP				
10A. TYPE OF EDUCATION OR TRAINING (See instruction COLLEGE OR OTHER SCHOOL (Including on-line of the college o		(Do Not Write In This Space)				
□ VOCATIONAL FLIGHT TRAINING □ CORRESPONDENCE						
☐ NATIONAL TEST REIMBURSEMENT (SAT, CLEP,						
LICENSING OR CERTIFICATION TEST REIMBURS (MCSE, CCNA, EMT, NCLEX, ETC.)	(Chapter 30 <u>only)</u> SEMENT					

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			SOCIA	AL SECURITY N	UMBER OF A	APPLICANT] -			-		
	JLL NAME AND ADDRE st Reimbursement, or Tu				this item if you	are only applying for	Nati	onal Te	st Rei	mbursen	nent, L	icensin	ng	
10C. PLEASE SPECIFY	YOUR EDUCATIONAL	OR CARE	ER OBJECTIV	/E, IF KNOWN (e.g. Bachelor	of Arts in Accounting,	welc	ing cer	tificate	, police	officer	, etc.)		
			PART IV	- SERVIC	E INFORI	MATION								
 DD Form 214 (I DD Form 2384, 	A process your claim if Member 4) for all peric Notice of Basic Eligib s if activated from the	ods of act ility (NOE	ive duty serv BE) if applyin	rice (excluding	•	for training)								
11. ARE YOU NOW ON are on active duty to	ACTIVE DUTY? (Do not for training)	check "Ye	es" if you are o	urrently on drillin	g status in the	e the Selected Reserv	e, or	if you						
YES NO	I TERMINAL LEAVE JUS	T DEEODI	E DISCHARGI	E2										
∐YES ∐NO	(Please provide a c				,	ued) PERIOD OF MILITA	RY	SERV	ICE					
A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)			D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)			, E. WERE YOU INVOLUNTARILY CALLED ACTIVE DUTY FOR THIS PERIOD?						
9/26/2000	9/24/2004		USMC (EXAMPLE) ACTIVE DUTY					NO						
1/18/2005	8/14/2007		USMC	R	С	RILLING				N/A				
8/15/2007	Present		USMC			ACTIVE DUTY				,	YES			
											_			
14A. DID YOU RECEIV EQUIVALENCY CE	PAF E A HIGH SCHOOL DIPI RTIFICATE? (If "Yes" pro	OMA OR			14B. DO YO	ENT INFORMA U HOLD ANY FAA FL e in Part IX, Remarks)	.IGH		TFICA	TES? (li	"Yes	, specif	y ead	ch
YES DATE:			_ D NO		YES	□no								
	14C. EDUCATION	AFTER H	HIGH SCHO	OL (Including a	apprenticesh	iip, on-the-job traini	ng, a	and flig	ght tra	ining)				
NAME AND LOC COLLEGE OF TRAINING PR	OTHER	TES OF	POM TO HOURS			NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock) DEGREE, DIPLOM OR CERTIFICAT RECEIVED		MAJO	R FIE	ELD OR	COL	JRSE (OF S	STUDY

SOCIAL SECURITY NUMBER OF APPLICANT

14D.	. EMPLOYMENT (Only complete if you	ou held a license	or journeyman rating to practice	a prof	ession)		
EMPLOYMENT	PRINCIPAL OCCUPATION	N	NUMBERS OF MONTHS WORKED		LICEN	ISE OR F	RATING
BEFORE MILITARY SERVICE							
AFTER MILITARY SERVICE							
PART \	VI - ENTITLEMENT TO AND U	USAGE OF /	ADDITIONAL TYPES OF	ASSI:	STANC	E	
BENEFITS? IF "YES," IT WILL	L CONTRIBUTIONS (UP TO \$600.00) TO II L HELP VA PROCESS YOUR CLAIM IF YO ., cash collection voucher, leave and earning	OU SUBMIT ANY E	EVIDENCE YOU HAVE TO		YES		NO
40. DO VOLLOUALIEV FOR A 1/1/	01/50 /) DAGED ON YOU	D MILITARY OF DVIOE	ACT	IVE DUTY	Y KICKI	ER
	CKER (sometimes called a "College Fund") ats contributed by DOD to an education fund	•			YES		NO
`	submit a copy of the kicker contract. Reserve	, , , ,	' '				NO
amount and effective date				KES	ERVE KI		NO
17 JE YOU GRADUATED FROM	A MILITARY SERVICE ACADEMY, SPECIF	IFY THE YEAR YO	OLL GRADUATED AND	Gradu	ation Yea	 ar	NO
RECEIVED YOUR COMMISSI	,	II I IIIL ILAK IO	O OKADOATED AND	Jaga	4.011 100		
SCHOLARSHIP? If you receive "Yes," provide the date of your	D AS THE RESULT OF A SENIOR ROTC ived your commission through a non-scholar rommission and the amount of your scholagram. Don't report your monthly subsistence	arship program, che larship for each sch	eck "No." If hool year you		YES		NO
Scholarship Amounts:				Date	e of Comr	mission	
Year:	Amount:						
Year:	Amount:				_	_	
Year:	Amount:						
Year:	Amount:						
Year:	Amount:						
	TICIPATING IN A SENIOR ROTC SCHOLA SUPPLIES UNDER SECTION 2107 OF TI				YES		NO
REPAYING AN EDUCATION L	CTIVE DUTY THAT THE DEPARTMENT C OAN, CHECK "YES". SHOW THE PERIOD OFOR THE PURPOSES OF REPAYING TH	D OF ACTIVE DUT	TY THAT THE MILITARY		YES		NO
(INCLUDING BUT NOT LIMITE HEALTH SERVICE FOR THE I IF YOU RECEIVE SUCH BENE	NTS ONLY: ARE YOU RECEIVING, OR DO ED TO FEDERAL TUITION ASSISTANCE) COURSE FOR WHICH YOU HAVE APPLIE IEFITS DURING ANY PART OF YOUR TRA ON ASSISTANCE TOP-UP, CHECK NO IN) FROM THE ARM IED TO THE VA FO AINING, CHECK "`	ED FORCES OR PUBLIC OR EDUCATION BENEFITS?		YES		NO
RECEIVING, ANY MONEY (IN FROM YOUR AGENCY FOR T	OF THE U.S. GOVERNMENT ONLY: ARE YOULDING BY NOT LIMITED TO THE GOVERNMENT ON THE GOVERNMENT OF THE SAME PERIOD FOR WHICH YOU HAS ECEIVE SUCH BENEFITS DURING ANY PARTY OF THE SAME PARTY OF THE PARTY OF THE SAME PARTY OF THE SAME PARTY OF THE PART	VERNMENT EMPL AVE APPLIED TO	LOYEES TRAINING ACT) THE VA FOR EDUCATION		YES		NO

SOCIAL SECURITY NUMBER OF APPLICANT

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PART VII - INFORMATION ON VA EDUCATION BENEFITS	8						
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 Janu 22. ARE YOU MARRIED?	uary 2, 1978). See instructions.						
YES NO							
23. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTEI ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	NDING SCHOOL, OR OF						
YES NO 24. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?							
Ses Solver no							
PARTIX - 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 APPLICAN	NT						
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on that I have consulted with an Education Service Officer (ESO) regarding my education program.	active duty, I also certify						
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense ar forfeiture of these or other benefits and in criminal penalties.	nd may result in the						
25A. SIGNATURE OF APPLICANT (<u>DO NOT PRINT)</u>	25B. DATE SIGNED						