



**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 the Federal Relay number 711.

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

**Part II**

**ITEM 7.** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**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 use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our VA Education Internet site [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

**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.

<b>Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616</b>			
Serves the following states:			
CT	DE	DC	ME
MD	MA	NC	NH
NJ	NY	PA	RI
VA	VT	US Virgin Islands	Foreign Schools
APO/FPO AA			

<b>Central Region: VA Regional Office P.O. Box 66830 St. Louis, MO 63166-6830</b>			
Serves the following states:			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

<b>Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888</b>			
Serves the following states:			
AK	AL	AR	AZ
CA	FL	GA	HI
ID	LA	MS	NM
NV	OK	OR	PR
SC	TX	UT	WA
Guam	Philippines	APO/FPO AP	

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 and Employment Records - VA, 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.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). 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.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

### PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month <input type="text"/> <input type="text"/> - Day <input type="text"/> <input type="text"/> - Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	--

4. NAME (First, Middle Initial, Last)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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. See instructions for additional information.)

Routing or Transit Number <input type="text"/>	Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number <input type="text"/>
---	--	--

### PART II - TYPE AND PROGRAM OF EDUCATION OR TRAINING

8A. 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"/> 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)

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

□□□□ - □□□□ - □□□□□□

**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:** Do you expect to receive funds from your agency or department for the same course(s) for which you expect to receive VA education assistance? (If "Yes," show the source of these funds.)

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