

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE
EDITH NOURSE ROGERS STEM SCHOLARSHIP
(VA FORM 22-10203)**

Use this form to apply for the Edith Nourse Rogers STEM Scholarship only. Other education benefits require different application forms that are available on-line at www.va.gov/vaforms. This form can be completed on-line and then printed and mailed to the address shown below.

IMPORTANT INFORMATION

NOTE: The Edith Nourse Rogers STEM Scholarship is intended for those Veterans who have used all of their remaining Post-9/11 (Chapter 33 educational assistance within 180 days of applying for this scholarship).

The VA or any other government agency may contact you to gather detailed information regarding the use of this scholarship, such as: program completion, employment information, annual earnings or any other information deemed necessary.

The numbers on this Information and Instructions attachment match the item numbers on the application. Items not mentioned are self-explanatory.

PART II - APPLICANT'S COURSE OF STUDY, CERTIFICATION AND SIGNATURE

ITEM 1B. CIP Code - This code is found next to the approved STEM programs listed on the VA Education website at <https://benefits.va.gov/gibill/fgib/stem.asp>

ITEM 1D. Number of Standard Semester/Quarter Credit Hours Needed for Completion of Your Degree - Indicate how many credits are still needed in order to complete your degree.

NOTE: To facilitate the prompt processing of your claim make sure that Part III has been completed, signed and dated by your school Certifying Official.

PART III - INFORMATION TO BE COMPLETED BY THE SCHOOL CERTIFYING OFFICIAL

This part is to be completed by your school Certifying Official, and either submitted via email to STEM.VBABUF@va.gov or by mail to the address below.

Please submit application and any supporting documentation to:
VA Regional Processing Office
P.O. Box 4616
Buffalo, NY 14240

For more information about the Edith Nourse Rogers Scholarship, visit the STEM website at <https://benefits.va.gov/gibill/fgib/stem.asp> or you can send your questions via email to STEM.VBABUF@va.gov.

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 education internet site at www.gibill.va.gov and www.benefits.va.gov/VOW.

Privacy Act Notice: 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 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. While you do not have to respond. VA cannot process your claim for education assistance unless the information is furnished as required by Public Law 115-48. 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 to participate in the Edith Nourse STEM Scholarship, 38 CFR 36.4344, 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 the 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 is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at 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.



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

APPLICATION FOR EDITH NOURSE ROGERS STEM SCHOLARSHIP

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 1 before completing the form. Applicant should complete Parts I and II. The school Certifying Official should complete Part III and submit the completed form via email to STEM.VBABUF@va.gov or by mail to: VA Regional Processing Office, P.O. Box 4616, Buffalo, NY 14240.

PART I: APPLICANT INFORMATION AND DIRECT DEPOSIT

SECTION I: APPLICANT INFORMATION

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. NAME OF APPLICANT (*First, Middle Initial, Last*)

2. SOCIAL SECURITY NUMBER OF APPLICANT

— —

3. GENDER OF APPLICANT

MALE FEMALE

4. APPLICANT'S DATE OF BIRTH

Month — Day — Year

5. APPLICANT'S MAILING ADDRESS (*Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country*)

No. &
Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code —

6. E-MAIL ADDRESS OF APPLICANT (*Optional*)

7. PREFERRED TELEPHONE NUMBER OF APPLICANT (*Include Area Code*)

8. ARE YOU CURRENTLY ON ACTIVE DUTY **OR** DO YOU ANTICIPATE YOU WILL BE GOING ON ACTIVE DUTY WHILE RECEIVING THE STEM SCHOLARSHIP?

YES NO

9. DO YOU CURRENTLY HAVE REMAINING ENTITLEMENT UNDER ANY VA EDUCATION BENEFITS?

NO YES (*If "Yes," provide remaining number of Months _____ and Days _____ and check the benefit(s) box below*)

Chapter 33 - Post -9/11 GI Bill

Chapter 30 - Montgomery GI Bill Educational Assistance Program (*MGIB*)

Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (*MGIB-SR*)

Chapter 32 or Section 903 - Post Vietnam Era Veterans' Educational Assistance Program (*VEAP*)

Chapter 35 - The Dependents Educational Assistance Act

SECTION II: DIRECT DEPOSIT INFORMATION

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 in **Items 10, 11 and 12** 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 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 encourage your participation in EFT and address any questions or concerns you may have.

10. ACCOUNT NUMBER (*Check only **one** box below and provide the account number*)

CHECKING SAVINGS

Account Number: _____

11. NAME OF FINANCIAL INSTITUTION (*Provide the name of the bank where you want your direct deposit sent*)

12. ROUTING OR TRANSIT NUMBER (*The first nine numbers located at the bottom left of your check*)

PART II: APPLICANT'S COURSE OF STUDY, CERTIFICATION AND SIGNATURE

SECTION I - APPLICANT'S COURSE OF STUDY

1. TYPE OF EDUCATION PROGRAM THAT YOU ARE CURRENTLY ENROLLED IN *(Check one)*

Education Program that leads to an "Undergraduate Degree" in a standard, undergraduate college degree (See "Approved Stem Programs" listed below) *(If checked, complete Items A & B below).*

A. PROGRAM NAME *(See "Approved Stem Programs" list below):* _____

B. CIP CODE *(See Information and Instructions Part II):* _____

Earned a degree from an Education Program listed under "Approved Stem Programs" and I am now enrolled in a program leading to a "Teaching Certification"

2. PROVIDE THE LOCATION WHERE YOU PLAN TO OR WILL START TRAINING *(City and State)*

3. PROVIDE THE DATE YOU PLAN TO OR WILL START TRAINING *(MM/DD/YYYY)*

BELOW IS A LISTING OF CURRENTLY APPROVED STEM PROGRAMS.

1. Biological or Biomedical Science
2. Physical Science
3. Science Technologies or Technicians
4. Computer and information science and support services
5. Mathematics or Statistics
6. Engineering
7. Engineering Technologies or an Engineering-related field
8. A health profession or related program
9. An agriculture science program or a natural resources science program
10. Other subjects and fields identified by the Secretary of Veterans Affairs as meeting national needs.

NOTE: For a complete list of approved STEM programs and their associated CIP codes, please visit our website at <https://benefits.va.gov/gibill/fgib/stem.asp>

SECTION II - CERTIFICATION AND SIGNATURE OF APPLICANT

CERTIFICATION STATEMENT

THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED FOR THE PURPOSES OF PRIORITIZING AND DETERMINING ELIGIBILITY FOR APPLICANTS PARTICIPATING IN THE EDITH NOURSE ROGERS STEM SCHOLARSHIP FROM THE DEPARTMENT OF VETERANS AFFAIRS. THE INFORMATION MAY BE AUDITED FOR ACCURACY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING STATEMENT:

"I swear or affirm that the statements on this application, to the best of my knowledge are true and correct. I understand that by submitting this application, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government. Additionally, I understand that if the information I have provided on this application is found to be false or incorrect, I will immediately be unable to receive benefits under this program, and I may be required to reimburse the federal government for any benefits I have already received."

4. SIGNATURE OF APPLICANT

5. DATE SIGNED *(MM/DD/YYYY)*

PART III: INFORMATION TO BE COMPLETED BY SCHOOL CERTIFYING OFFICIAL

1. NAME OF STUDENT *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER OF STUDENT

3. NAME OF STEM PROGRAM STUDENT IS ENROLLED IN

4. CIP CODE *(Provide 6 digit CIP Code) (See Information and Instructions Part II)*

5. PROVIDE HOURS COMPLETED AND HOURS REMAINING BY SEMESTER OR QUARTER

Hours completed: _____ (Semester) _____ (Quarter)

Hours remaining: _____ (Semester) _____ (Quarter)

6. HAS THE STUDENT EARNED A UNDERGRADUATE DEGREE IN A STEM PROGRAM AND IS CURRENTLY ENROLLED IN A PROGRAM LEADING TO A TEACHING CERTIFICATION?

YES NO

7. SIGNATURE OF CERTIFYING OFFICIAL

8. DATE SIGNED *(MM/DD/YYYY)*