



APPLICATION FOR VETERAN EMPLOYMENT THROUGH TECHNOLOGY EDUCATION COURSES (VET TEC) HIGH TECHNOLOGY PROGRAM

PART I - APPLICANT INFORMATION

IMPORTANT: Please type or print. Must be legible. Demographic (prepopulated): **Verify and update**

1. Veteran/ServiceMember Name <i>(First, Middle, Last)</i>	2. Social Security Number
3. Current Mailing Address <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i>	
4. Sex of Applicant <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Date of Birth <i>(MM/DD/YYYY)</i>	
6. E-mail Address	
7A. Daytime Telephone Number <i>(Include area code)</i>	7B. Evening Telephone Number <i>(Include area code)</i>
8. Are You Currently on Active Duty or Do You Anticipate You Will Go On Active Duty During the VET TEC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Are You Currently on Active Duty or Do You Anticipate You Will Go On Active Duty During the VET TEC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

10. 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 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.

Routing or Transit Number (nine digits found at the lower left corner of your check):

Account Type (Check one box): Checking Savings Account Number

PART II - COURSE OF STUDY

1. Select the VET TEC Program and Provider You Wish to Attend <i>(Choose up to 3)</i>	
<input type="checkbox"/> NAME: _____	<input type="checkbox"/> NAME: _____
<input type="checkbox"/> NAME: _____	<input type="checkbox"/> NAME: _____
2. Location of Where You Plan to or Will Take Training <i>(City, State)</i>	3. Date You Plan to Start or Will Start Training <i>(MM/DD/YYYY)</i> <input style="width: 100px;" type="text"/>

PART III - BACKGROUND INFORMATION

1. Are You Currently Employed? <i>(If "No", Skip to Item 4)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are You Currently Working in the high technology industry?	<input type="checkbox"/> Yes, Select the Area <input type="checkbox"/> Computer Programming <input type="checkbox"/> Computer Software <input type="checkbox"/> Media Application <input type="checkbox"/> Data Processing <input type="checkbox"/> Information Sciences <input type="checkbox"/> No
3. What is Your Current Salary Range?	<input type="checkbox"/> <\$20,000 <input type="checkbox"/> \$20,001-\$35,000 <input type="checkbox"/> \$35,001-\$50,000 <input type="checkbox"/> \$50,001-\$75,000 <input type="checkbox"/> >\$75,000
4. What is Your Highest Level of Education? <i>(High School, Bachelors, etc.)</i>	

PART IV - CERTIFICATION AND SIGNATURE

CERTIFICATION STATEMENT:

THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED FOR THE PURPOSES OF DETERMINING YOUR ELIGIBILITY TO PARTICIPATE IN THE VETERAN EMPLOYMENT THROUGH TECHNOLOGY EDUCATION COURSES (VET TEC) HIGH TECHNOLOGY PROGRAM FROM THE DEPARTMENT OF VETERANS AFFAIRS. THE INFORMATION MAY BE AUDITED FOR ACCURACY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING STATEMENT:

"I CERTIFY 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."

14. Signature of Applicant

15. DATE SIGNED

PRIVACY ACT NOTICE: This form under § 116 of Public Law 115-48 authorizes VA to implement a 5-year pilot program that provides eligible Veterans the opportunity to enroll in high technology programs of education that provide training and skills sought by employers in relevant high technology fields or industries. The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Your response is required to obtain or retain 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 Federal Statute of law enacted before January 1, 1975 and still in effect. Any information provided by applicants may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your ability to participate in the VET TEC High Technology Pilot Program, 38 U.S.C. 3702 (d) and 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 10 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.