



## STUDENT BENEFICIARY REPORT - REPS (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS)

**PRIVACY ACT INFORMATION:** 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 5, Code of Federal Regulations 1.526 for routine uses (i.e., (Routine Uses 1 through 63) as 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. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. No benefits may be granted unless this form is completed fully as required by law (38 U.S.C. 5101). 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 in effect prior to January 1, 1975, and still in effect.

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0399, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0399 in any correspondence. Do not send your completed VA Form 21P-8938-1 to this email address.

### SECTION I - STUDENT IDENTIFICATION

1A. NAME AND ADDRESS OF STUDENT ( <i>First, middle, last name</i> )  <i>(If different from above, furnish current address)</i>	1B. VETERAN/WAGE EARNER'S SOCIAL SECURITY NO.	1C. STUDENT'S SOCIAL SECURITY NO.
<b>2. PERIOD OF ATTENDANCE</b>		
A. BEGINNING DATE ( <i>MM/DD/YYYY</i> )		B. ENDING DATE ( <i>MM/DD/YYYY</i> )

**INSTRUCTIONS: STUDENTS** - You must complete Section II, Student Certification, and have a school official verify your attendance. **SCHOOL OFFICIALS** - Please complete Section III, School Official Certification, and return it promptly as failure to do so will result in suspension of the student's benefit payment. This form should be returned to the VA REGIONAL OFFICE (331/21Q), 400 SOUTH 18TH STREET, ST. LOUIS, MO 63103-2271. (*NOTE: DO NOT USE "NA" OR "UNKNOWN" IN ITEMS REQUIRING COMPLETION.*) **IMPORTANT - THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT.**

### SECTION II - STUDENT CERTIFICATION

3. NAME OF SCHOOL YOU ATTENDED DURING PERIOD(S) SHOWN IN ITEM 2	4A. HAVE YOU ATTENDED SCHOOL ON A FULL-TIME BASIS FOR PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "NO," complete Item 5</i> )	4B. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER	5. LIST DATES OF FULL-TIME ATTENDANCE IF DIFFERENT FROM ITEM 2
6. WILL YOU CONTINUE SCHOOL ON A FULL-TIME BASIS AFTER THE END OF THE PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "NO," complete Item 7</i> )		<b>7. DATES OF YOUR NEXT SCHOOL YEAR</b>	
8A. WILL YOU ATTEND THE SCHOOL SHOWN IN ITEM 3? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "NO," complete Item 8B thru 8D</i> )		8B. NAME AND ADDRESS OF NEW SCHOOL	8C. TYPE OF NEW SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TECHNICAL, TRADE, OR VOCATIONAL <input type="checkbox"/> OTHER ( <i>Specify</i> ): _____
8D. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER			
9. EARNINGS/WAGES RECEIVED FOR PRIOR YEAR <i>(Enter dollar amount or "None")</i>	10. EARNINGS EXPETED THIS YEAR <i>(Enter dollar amount or "None")</i>	11. EARNINGS EXPECTED NEXT YEAR <i>(Enter dollar amount or "None")</i>	
YEAR	AMOUNT	YEAR	AMOUNT
11. HAVE YOU OR WILL YOU BE PAID BY YOUR EMPLOYER FOR ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		12A. HAVE YOU EVER BEEN MARRIED? <input type="checkbox"/> YES ( <i>If "YES," complete Item 12B</i> ) <input type="checkbox"/> NO	12B. DATE(S) OF MARRIAGE ( <i>MM/DD/YYYY</i> )

**IMPORTANT: IT IS YOUR DUTY TO REPORT ANY CHANGE IN STATUS.** You must notify the VA immediately of any change in school enrollment, marital or work status, as benefits may be affected.

**I CERTIFY THAT** the previous statements are true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF CLAIMANT ( <i>Sign in ink</i> )	13B. CLAIMANT'S TELEPHONE NUMBER ( <i>Include Area Code</i> )	13C. DATE ( <i>MM/DD/YYYY</i> )
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### SECTION III - SCHOOL OFFICIAL CERTIFICATION

14. HAS THE STUDENT MAINTAINED FULL-TIME STATUS BY THE SCHOOL'S STANDARDS DURING THE ENTIRE PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "NO," complete Item 15</i> )	15A. LIST DATES OF FULL-TIME ATTENDANCE, INCLUDING LAST DATE OF FULL-TIME ATTENDANCE WHEN A COURSE WITHDRAWAL IS INVOLVED ( <i>MM/DD/YYYY</i> )	15B. IF TERM CLAIMED IN ITEM 7 HAS BEGUN, IS STUDENT STILL FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "NO," complete Item 15</i> )
16A. NAME OF SCHOOL	16B. TELEPHONE NUMBER OF SCHOOL OFFICIAL ( <i>Include Area Code</i> )	16C. TYPE OF SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TECHNICAL, TRADE, OR VOCATIONAL <input type="checkbox"/> OTHER
17. ENTER CLOCK HOURS ATTENDED PER WEEK IF NOT A DEGREE GRANTING PROGRAM		16D. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER
18A. SIGNATURE AND TITLE OF SCHOOL OFFICIAL ( <i>Sign in ink</i> )		18B. DATE ( <i>MM/DD/YYYY</i> )

**PENALTY:** The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.