



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 3. Use this form to determine entitlement to benefits for a veteran's child who is between the ages of 18 and 23 and attending school. Want to apply electronically? You can apply online at <https://www.va.gov/view-change-dependents/view/>. For more information you can contact us through Ask VA: <https://ask.va.gov/>. Or call us toll-free at 800-827-1000 (TTY:711). VA forms are available at www.va.gov/vaforms. After completing the form, use the mailing addresses provided on Page 3 to submit.

SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN/CLAIMANT'S NAME (*First, Middle Initial, Last*)

2. VA FILE NUMBER (*If applicable*)

3. E-MAIL ADDRESS (*Optional*)

SECTION II: STUDENT'S IDENTIFICATION INFORMATION

NOTE: If you would like to submit an additional student's information, use a separate form (VA Form 21-674) for each student.

4. STUDENT'S NAME (*First, Middle Initial, Last*) (**NOTE:** *Veteran's child attending school*)

5. SOCIAL SECURITY NUMBER

— —

6. DATE OF BIRTH (*MM/DD/YYYY*)

— —

7A. HAS STUDENT EVER MARRIED?

YES (*If "Yes," complete Item 7B*) NO

7B. DATE OF MARRIAGE (*MM/DD/YYYY*)

— —

8. ADDRESS OF STUDENT (*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

—

SECTION III: SCHOOL ATTENDANCE INFORMATION

(*If additional space is needed, use Section V: Remarks*)

9A. IS THE STUDENT IN RECEIPT OF EDUCATIONAL ASSISTANCE UNDER 38 U.S.C. CHAPTER 35, THE FRY SCHOLARSHIP, OR THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA) OR IS THE STUDENT ENROLLED IN A PROGRAM OR SCHOOL THAT IS **WHOLLY SUPPORTED** AT THE EXPENSE OF THE FEDERAL GOVERNMENT?

YES (*If "Yes," complete Items 9B and 9C and enter the name of the Federally funded school or program below*) NO (*If "No," skip to Item 10A*)

9B. TYPE OF PROGRAM OR BENEFIT (*i.e. Chapter 35, Fry Scholarship, FECA, Service Academy or Preparatory School, Federally funded Native American School, Job Corps program*)

9C. DATE PAYMENTS BEGAN (*MM/DD/YYYY*)

— —

10A. MY DEPENDENT HAS ATTENDED SCHOOL CONTINUOUSLY (**NOTE:** *Normal breaks during the school year are not considered breaks in continuous enrollment*)

YES (*If "Yes," complete Item 10B*)
 NO (*If "No," add the date your dependent stopped attending continuously*) (*MM/DD/YYYY*)

— —

10B. IS THE SCHOOL ACCREDITED?

YES
 NO

11A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (*MM/DD/YYYY*)

— —

11B. DATE STUDENT STARTED OR EXPECTS TO START COURSE (*MM/DD/YYYY*)

— —

11C. EXPECTED DATE OF GRADUATION (*MM/DD/YYYY*)

— —

12A. WAS STUDENT ATTENDING AN ACCREDITED SCHOOL AT END OF LAST SCHOOL TERM?

YES (*If "Yes," complete Items 12B and 12C*)
 NO

12B. BEGINNING DATE OF LAST TERM (*MM/DD/YYYY*)

— —

12C. ENDING DATE OF LAST TERM (*MM/DD/YYYY*)

— —

SECTION IV: STUDENT'S INFORMATION
(See Instructions on Page 3, for additional information)

13. REPORT OF INCOME BY CALENDAR YEAR
(IMPORTANT: Do NOT report VA benefits)

A. SOURCE	B. RECEIVED (Report for year in which school term begins - See Item 11)	C. EXPECTED (Report for year following Column B)
EARNINGS FROM ALL EMPLOYMENT	\$, -	\$, -
ANNUAL SOCIAL SECURITY	\$, -	\$, -
OTHER ANNUITIES	\$, -	\$, -
ALL OTHER INCOME (i.e. interest, dividends, etc.)	\$, -	\$, -

14. VALUE OF ESTATE

A. SAVINGS (Including cash)	\$, , -
B. SECURITIES, BONDS, ETC.	\$, , -
C. REAL ESTATE (Not your home)	\$, , -
D. ALL OTHER ASSETS	\$, , -
E. TOTAL VALUE	\$, , -

SECTION V: REMARKS

15. REMARKS (If any)

SECTION VI: CERTIFICATION AND SIGNATURE

NOTE: This part will be completed by the student only if they have attained majority and are claiming benefits on their own behalf. Otherwise, the veteran, surviving spouse, guardian or custodian will sign, date and enter their relationship to the student and telephone number in Items 16A through 16D.

Receipt by the student of VA Dependents' Educational Assistance (DEA), the Federal Employee's Compensation Act, or benefit from another Federal Agency (i.e. U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) with additional compensation payments based on the student's school attendance is considered a duplication of benefits and is prohibited.

I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the education or training shown above.

I AGREE to notify the Department of Veterans Affairs immediately of any changes in my education, transfer to another school, discontinuance of school attendance, receipt of DEA, or marriage prior to completion of my education. I understand that continued entitlement to school attendance may be based on information I have furnished on this form.

16A. VETERAN/CLAIMANT/STUDENT SIGNATURE (REQUIRED)	16B. DATE SIGNED (MM/DD/YYYY) - -	16C. RELATIONSHIP TO STUDENT
---	--------------------------------------	------------------------------

16D. TELEPHONE NUMBER (Include Area Code) - -	Enter International Phone Number (If applicable) _____
--	--

PENALTY: The law provides severe penalties (including fine or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

INSTRUCTIONS

NOTE: Read the instructions carefully before completing this form.

How do I complete VA Form 21-674?

VA Form 21-674 should be completed by the person receiving or claiming benefits for a veteran's child who is at least 18 but under 23 and attending school. The veteran's child should complete the form **only if** you have reached the age of majority and is or will be entitled to receive direct payment of VA benefits. **NOTE:** The age of majority is determined by State law; it is age 18 in most states.

After completing this form, please use the related mailing address below to submit:

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365

NOTE: Use VA Form 21-674b, *School Attendance Report*, to report to VA any change in the child's status, such as termination of school attendance or marriage.

SECTION III

All claimants must complete this part. Answer "Yes" to Item 9A **only if** the student is in receipt of educational assistance under 38 U.S.C. Chapter 35 (also known as Chapter 35, Dependent's Educational Assistance, or DEA), the Fry Scholarship under 38 U.S.C. 3311, or the Federal Employees' Compensation Act (FECA) **or** if the student is enrolled in an educational program in a school where the child is *wholly supported* at the expense of the Federal government. A student is *wholly supported* at the expense of the Federal government when the Federal government pays for the student's tuition, housing, meals, suitable clothing, medical attention, books, supplies and other necessities. Examples of programs or schools that are *wholly supported* by the Federal government include service academies, service academy preparatory schools, Job Corps centers, and some Native American schools.

Do not report receipt of Post-9/11 GI Bill under 38 U.S.C. chapter 3319 (also known as transferred GI Bill benefits) in Item 9A.

SECTION IV

Complete this part **only if** the benefit being claimed or received is disability Pension or Survivors' Pension. Each income block must be completed. If you do not receive income from a particular source, write "0.00" in the boxes provided. Do not leave the space blank. VA will interpret a blank space as "0" or "None". Report the gross amounts before you take out deductions for taxes, insurance, etc.

Section 306 or Old Law Pension (entitlement to pension established before January 1, 1979): Complete this part **only if** the VA benefit payable will be death pension, *and* there is no surviving spouse entitled to death pension. Do not complete if the student is a dependent on a veteran's or surviving spouse's award.

Improved Pension: Complete this part showing the student's income. Educational or vocational rehabilitation expenses are amounts paid by the student for their course of post-secondary education or vocational rehabilitation, including tuition, fees, and materials. If any of these expenses are paid by the student, the expenses may be deducted from the earned income of the student. Report the total amount(s) paid and dates of payment in Section V: Remarks.

SECTION VI

This part will be completed by the student **only if** they have reached the age of majority and are claiming benefits on their own behalf. Otherwise, the veteran, surviving spouse, guardian or custodian will sign, date and enter their relationship to the student and telephone number in Items 16C and 16D.

NOTE: Any benefits allowed due to this form will be discontinued if the student marries, receives DEA benefits, leaves school, or passes away.

PRIVACY ACT INFORMATION: 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 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) 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. The requested information is considered relevant and necessary to determine maximum benefits under the law. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide their 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. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

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 2900-0049, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 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. Please refer to OMB Control No. 2900-0049 in any correspondence. Do not send your completed VA Form 21-674 to this email address.