Respondent Burden: 15 minutes Expiration Date: 12/31/2019

Department of Veterans Affairs	Department of Veterans Affairs APPLICATION FOR VA EDUCATION BENEFITS (See attached Information and Instructions)						
INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.benefits.va.gov/gibill.							
INTERNET VERSION AVAILABLE - You may complete that sent your application over the Internet det I							
1. SOCIAL SECURITY NUMBER OF APPLICANT	2. SEX OF APPLICANT	3. APPLICANT'S DATE OF	BIRTH				
	MALE FEMALE	Month Day —	Year				
4. NAME (First, Middle Initial, Last)							
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 (Required)							
		111 6 67 22	See instructions for additional Direct				
7. DIRECT DEPOSIT (Attach a voided personal check or provide the for Deposit information.)	llowing information. Direct Deposit is not avai		1				
Routing or Transit Number Acc	count Type	Account Numbe	r				
Checking	Savings						
8. PLEASE PROVIDE THE NAME, ADDRESS, AND PR	HONE NUMBER OF SOMEONE WHO WII	LL ALWAYS KNOW WHERE	C. PHONE NUMBER				
A. NAME	B. ADDRESS		C. PRONE NOWBER				
		•					
	THE PROPERTY OF TAKE A	CDDLIED EOD					
PART II - EDU	CATION BENEFITS BEING A	APPLIED FOR visit our website at <u>www.</u>	benefits.va.gov/gibill				
	For help with completing this section, please see the attached instructions page or visit our website at www.benefits.va.gov/gibill 9A. Chapter 33 - Post-9/11 GI Bill (After checking this box, check and complete Item 9E, if you are receiving, or if you are eligible for benefits under Chapter 30,						
9A. Chapter 33 - Post-9/11 GI Bill (After checking this	box, check and complete Item 9E, if you a	re receiving, or if you are e	igiole for benefits uniter Chapter 30,				
Chapter 1606, or Chapter 1607).	sistance Program <i>(MGIB)</i>						
9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB) 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)							
9D. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)							
D 9F By electing Chapter 33 in Item 9A, I acknowledge that I understand the following:							
• If electing Chapter 33. In lieu of Chapter 30, my months of englishment and of the							
I will not receive a Montgomery GI Bill (Active Duty-Chapter 30 of Selected West-Vest-Vest-Vest-Vest-Vest-Vest-Vest-V							
I was eligible for the kicker at the time I applied a When choosing the effective date below, I under	stand that benefits for training under 0	Chapter 33 are not payabl	e prior to that date.				
ACKNOWLEDGEMENT: I elect to receive Chapter 33 ed checked below.			of the education benefit				
	derstand that this election is irrevoca	ble and may not be chan	ged, and that failure to check				
By checking the box below, I am acknowledging that I un one of the boxes below may cause a delay in the process RELINQUISH FOR CHAPTER 33.)	sing of this claim. (PLEASE CHECK	ONLY ONE BOX FOR TH	HE BENEFIT YOU				
You MUST check only one box below:							
Chapter 30 - Montgomery GI Bill Educational	Assistance Program (MGIB)		AXY DO Y DODG COURT J. W. J. D.				
Chapter 1606 - Montgomery GI Bill - Selected	d Reserve Educational Assistance Pro	ogram (MGIB-SK)	VA DATE STAMP (Do Not Write In This Space)				
Chapter 1607 - Reserve Educational Assistal if you received 1607 benefits for a semester, quar	nce Program (KEAP). (You are only eng eter or term that included the date of Nove	mber 24, 2015, or was	(201101777788 111 211 211 21				
the last semester, quarter or term to end prior to	November 24, 2015)						

*	SOCIAL SECURITY NUMBER OF APPLICANT					
PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING						
10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)						
COLLEGE OR OTHER SCHOOL (Including on-line courses) VOCATIONAL FLIGHT TRAINING CORRESPONDENCE NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.) LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.) APPRENTICESHIP OR ON-THE-JOB CORRESPONDENCE TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only).						
10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN (Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)						
COMPUSYSTEMS TECHNICAL SCHOOL						
10C. PLEASE SPECI	FY YOUR EDUCATIONAL	OR CAREER OBJECTIVE, IF KNOWN	(e.g. Bachelor of Arts in Accounting, weld	ling certificate, police officer, etc.)		
NIA						
		PART IV - SERVICE	E INFORMATION			
NOTE: It will help VA process your claim if you send a copy of the following: • DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training) • DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606 • Copies of orders if activated from the Guard/Reserves 11. ARE YOU ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the Selected Reserve, or if you are on active duty for training)						
YES NO		ies gyou are currently on an uning sucus u	n me beleeted xeserve, or y you me on ac.	ive unity for truming)		
12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE? YES NO (Please provide a copy of your DD Form 214 (Member 4) when issued)						
	13. PLEASE	COMPLETE THE FOLLOWING FO	OR 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.)	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?		
	EXAMPLES					
9/26/2000	9/24/2004	USMC	ACTIVE DUTY	NO		
1/18/2005	8/14/2007	USMCR	DRILLING	N/A		
applying for in Part I	I (the benefit chosen be Part II (Items 9A thru 9D	ly every period of service that you hetween Items 9A thru 9D). However), then please identify in the space	; if there are specific periods of se	the single, specific benefit you are ervice that you do not want applied to the the corresponding benefit program(s) to		
NOTE: A specific single period of service may not be used towards establishing eligibility for more than one benefit. Therefore, once a period of service has been chosen and applied toward a specific benefit, that period of service may not be used again toward a different benefit. However, there is one exception to this rule. With regard to Chapter 33, a period of service beginning before August 1, 2011, can be used to establish eligibility to Chapter 33 even if it has already been used to establish eligibility to a different benefit,						
PART V - EDUCATION AND EMPLOYMENT INFORMATION						
15A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)		15B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)				

VA FORM 22-1990, DEC 2016

1 70	> =======	TALL:				UMBER OF APPLICAN				
150	. EDUCA	HON AFTER	R HIGH SCHO	OOL (Including ap	prenticesh	ip, on-the-job training,	and flight train	ing)		
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER		FROM	TRAINING TO	NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock		DEGREE, DIPLOMA OR CERTIFICATE	the state of the s			Y
				(Demester, Quarter	r, or Clock)	RECEIVED	0,	OR COURSE OF STUDY		

						***************************************			7.77	
1	5D. EMPL	OYMENT (C	Only complete	if vou held a licens	e or ioung	eyman rating to practic				
EMPLOYMENT			AL OCCUPATI			BERS OF MONTHS		. ,	//	
		FRINGIF	AL OCCUPATI	ON		WORKED	LI	CENSE OR	RATING	
BEFORE MILITARY SERVICE								•		
AFTER MILITARY SERVICE									W	
PART	/I - ENT	ITLEMEN'	T TO AND	USAGE OF	ADDITI	ONAL TYPES O	E A SSISTA	NOE		
16. DID YOU MAKE ADDITIONAL	CONTRIB	LITIONS (LID T	O PERO DOLTO	MODELOETIE	4310111		- A33131A	MACE		
16. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)					YES	YES NO				
17. DO YOU QUALIFY FOR A KIC	KER (some	etimes called a	"College Fund	I") BASED ON YOU	JR MILITAE	RY SERVICE?	ACTIVE DI	ACTIVE DUTY KICKER		
process your claim if you subm							YES NO			
process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.		RESERVE KICKER YES NO								
18. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.				Graduation Y	Graduation Year					
19. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).				YES	YES NO					
Scholarship Amounts:				Data of Commission						
Year: An	Amount:		Date of Commission							
Year:Am	nount:									
/ear: Am	nount:		····							
	Motore									
	ount:		······································							
	ount:				p.	,				
0. ARE YOU CURRENTLY PARTIC TUITION, FEES, BOOKS AND S	OUPPLIES	NUDER SECTI	ON 2107 OF T	TTLE 10, U.S. COI	DE?		YES	NO		
IF YOU HAD A PERIOD OF ACT REPAYING AN EDUCATION LO CONSIDERS AS BEING USED F	FOR THE P	URPOSES OF	W THE PERIO F REPAYING T	D OF ACTIVE DUTHIS EDUCATION	ty that ti Loan in P.	HE MILITARY ART IX "REMARKS".	YES	☐ NO	***************************************	
2. FOR ACTIVE DUTY CLAIMANT: (INCLUDING BUT NOT LIMITED HEALTH SERVICE FOR THE CO YOU RECEIVE SUCH BENEFITS APPLYING FOR TUITION ASSIS	DURSE FO DURING TANCE TO	RAL TUTTON A R WHICH YOU ANY PART OF DP-UP, CHECK	ASSISTANCE) J HAVE APPLI TYOUR TRAIN CNO IN THIS I	FROM THE ARMI ED TO THE VA FO JING, CHECK "YES TEM.	ED FORCE DR EDUCA' S." NOTE: I	S OR PUBLIC TION BENEFITS? IF F YOU ARE ONLY	YES [NO		
3. FOR CIVILIAN EMPLOYEES OF RECEIVING, ANY MONEY (INCL FROM YOUR AGENCY FOR THI BENEFITS? IF YOU WILL RECE	ODING, BU E SAME PE	FRIOD FOR W	ED TO, THE G HICH YOU HA	OVERNMENT EM	PLOYEES	TRAINING ACT)	YES [NO		

SOCIAL SECURITY NUMBER OF APPLICANT						
PART VII - INFORMATION ON VA EDUCATION BENEFITS						
NOTE: The most current information on VA education benefits is available online at www.benefits.va.gov/gibill . If you would like to receive a printed pamphlet check here.						
PART VIII - MARITAL AND DEPENDENCY STATUS						
NOTE: Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.						
24. ARE YOU MARRIED? YES NO						
25. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENI PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	DING SCHOOL, OR OF ANY AGE					
YES NO						
26. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? YES NO						
PART IX - REMARKS						
(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security	y number on each sheet)					
APPLICATION SUBMISSION REMINDERS	Commission of the Commission o					
Did you remember to						
 Write your social security number on each page? Write your complete mailing address? Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collect Check only one of the boxes below Item 9F of the benefit you are relinquishing in order to receive Chapt 	ion voucher, etc.)? ter 33?					
IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW						
PART X - 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 or have consulted with an Education Service Officer (ESO) regarding my education program.	n active duty, I also certify that I					
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and these or other benefits and in criminal penalties.	nd may result in the forfeiture of					
27A. SIGNATURE OF APPLICANT <u>(DO NOT PRINT)</u>	27B. DATE SIGNED					