OMB Approved No. 2900-0171 Respondent Burden: 30 minutes Expiration Date: 1/31/2028

Departi	ment of Veterans Aff	airs APF	PLICAT	ION FO		ALIZE		ASSI	STANCE	
1. NAME OF APPLIC	CANT									
2. NAME OF VETER	RAN (If other than applicant)									
3. MAILING ADDRESS					4A. VA FILE NUMBER				4B. PAYEE	
	(NUMBER AND STREET OR I			SOCIA	R TY NUMBER					
(APARTMENT OR BOX NUMBER)										
		5. SEX FEMALE MALE 6. DATE OF BIRTH (MM/DD/YYYY)								
(STATE)	(ZIP CODE OR FOREIGN C	ODE)			(Month)	(Day)	(Year)			
. ,	COURSE OR CURRICULUM	8. CREDIT OR C	LOCK HOU	IR LOAD	9. FINAL EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL					
10. UNIT SUBJECT TUTORING	OR SUBJECTS IN WHICH YOU RI	i Equire Individu/	ALIZED	11. NAMI	E, POSITION AND /	ADDRESS	OF TUTOR			
	12. SCH	EDULE AND C	HARGE	S FOR TI	JTORIAL ASSI	STANCE				
A. MONTH AND YEAR	A. MONTH AND B. EXACT DATES OF C. NUMBER				RGE PER HOUR		E. TOTAL CHARGES THIS MONTH		ONTH	
					L PAYMENT DUE					
13A. SIGNATURE O	F APPLICANT (Do NOT print)		13B. D/	ATE SIGNEI	O (MM/DD/YYYY)	13C. E-M	IAIL ADDRESS OF AP	PLICAN	T (If applicable)	
I CERTIFY THAT:	(1) I gave the applicant individual spouse, parent, child, brother, sist	lized tutorial assist	ance as sho	wn above;	(2) the charges to the	ne applican	t shown above are co	rrect; ar	nd (3) I am not	
	F TUTOR (Do NOT print)	ter) of the applican	ι.			1	4B. DATE SIGNED (A	MM/DD	/YYYY)	
I CERTIFY THAT: program: (2) the tub	(1) The individualized tutorial ass or is qualified to conduct individua	sistance for the unit alized tutorial assis	t subject or tance: and (subjects sh (3) the char	own was required f ges do not exceed t	or the satis	factory pursuit of the arv charges for other	student	's approved who receive	
the same tutorial ass	sistance.		, , ,	1			, ,			
15. NAME AND ADD	RESS OF EDUCATIONAL INSTIT	UTION		_	ICATE TYPE OF SCHOOL JR-YEAR COLLEGE					
					ER THAN COLLEG			-		
17A. SIGNATURE A	ND TITLE OF CERTIFYING OFFIC	IAL				1	7B. DATE SIGNED (A	MM/DD	/YYYY)	
I CERTIFY THAT:	(1) Tutorial assistance benefits ar pensable to the satisfactory pursui	e essential to corre	ct a deficier	ncy of this s		e and; (2) t	hat the course is requ	ired as j	part of, or is	
	F PROFESSOR OR INSTRUCTOR			ducation.		1	8B. DATE SIGNED (A	MM/DD	/YYYY)	
PENALTY: The la knowing it to be false	w provides severe penalties which	include fine or im	prisonment	, or both, fo	or the willful submi	ssion of an	y statement or eviden	ice of a	material fact,	
		F	OR VA L	JSE ONL	Y					
APPROVAL DATE (MM/DD/YYYY)	DATE SIGNATURE OF ADJUDICATOR				ANCE OFFICER (or	designee)	DATE (MM/DD/YYYY)	STAT	ION NUMBER	

INFORMATION & INSTRUCTIONS

GENERAL INFORMATION: To apply for tutorial assistance read these instructions and complete the form in full. If you need help, reach us on the Internet at <u>www.benefits.va.gov/gibill/</u>. You can call VA toll-free at 1-888-GIBILL1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. To obtain information on other forms of assistance, contact the financial aid office at your school.

ELIGIBILITY: If you are eligible for education benefits and need help in a subject, you can get supplemental payments for tutorial assistance. The subject must be necessary for the completion of your approved program. You must be training at one-half time or more in a post-secondary program at an educational institution. Even if you are passing a course, you can get tutorial assistance if your grade will not be credited toward completion of your program.

CLAIMS FOR TUTORIAL ASSISTANCE: After you have received tutoring, do the following:

Step 1. Fill out the form.

- Complete Items 1 through 13.
- In Item 10, show the individual unit subject or subjects (e.g., Math 101) for which you needed tutoring.
- Be sure to complete all blocks A through F in Item 12. If any block is not checked, your payment may be delayed.

Step 2. Take to your tutor. The tutor must:

- Sign and date the application in Items 14A and 14B.
- Verify the information you provided.
- Certify that he or she is the person who gave you individualized tutoring, and is not closely related to you (i.e., spouse, parent, brother, sister or child).

Step 3. Take to the certifying official for VA Benefits at the school. The certifying official must:

- Complete Items 15 and 16.
- Sign in Items 17A and 17B.

Step 4. Post-9/11 GI Bill. If you are requesting tutorial assistance under the Post-9/11 GI Bill, take this form to the professor or instructor of the course for which tutoring was necessary. The teacher must:

- Sign Item 18A.
- Complete Item 18B.

Step 5. Review the Form. After you have completed the form (see steps 1 through 4), send it to VA as soon as possible after your tutoring is complete. VA will not pay assistance for any tutoring received more than one year before the day VA actually receives your claim.

Step 6. Where to Mail This Form: Mail the completed form to the Regional Processing Office for your state. See the chart on page 3.

PAYMENT: VA will pay up to \$100 per month for your tutorial assistance. The tutorial assistance you get will be in addition to your regular monthly education benefits for going to school.

ENTITLEMENT: The limit for tutorial assistance is \$1,200 (12 times the maximum monthly rate of \$100).

SPECIAL PROVISIONS:

1. If you are training under 38 U.S.C. Chapter 30 or 32, or under 10 U.S.C. Chapter 1606, or Section 903 of Public Law 96-342, VA will not charge entitlement for your first \$600 of tutorial assistance. For tutorial assistance over \$600, VA will charge one month of entitlement whenever you receive an amount equal to the full-time monthly rate you get for going to school.

2. If you are training under 38 U.S.C. Chapter 33 or 35, or the Omnibus Diplomatic Security and Anti-terrorism Act of 1986, VA will not charge you any entitlement for tutorial assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616											
SERVES THE FOLLOWING STATES											
СО	СТ	DC	DE	IA	IL	IN	KS	KY	MA		
MD	ME	MI	MN	МО	MT	NC	ND	NE	NH		
NJ	NY	ОН	PA	RI	SD	TN	VA	VT	WI		
WV	WY	APO/F	PO AA	FOREIGN SCHOOLS			US VIRGIN ISLANDS				

Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888										
SERVES THE FOLLOWING STATES										
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA	
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA	
APO/FPO AP		GUAM		PHILIPPINES		AMERICA	N SAMOA	MARIANA ISLANDS		

PRIVACY ACT NOTICE: VA will not disclose information collected by this information collection to any source other than what has been authorized by the Privacy Act of 1974 or Title 38 Code of Federal Regulations 1.576 for routine uses 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. An example of a routine use allows VA to send 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 education claims form or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is "required to obtain or retain benefits". We cannot pay education benefits to any person training at your school until we receive this information (38 U.S.C. 3019, 3234, 3492, and 3533 and 10 U.S.C. (16131). Your responses are confidential (38 U.S.C. 5701. Any information provided by applicants, and others may be 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 2900-0171, and it expires January 31, 2028. Public reporting burden for this collection of information is estimated to average 30 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. 2900-0171 in any correspondence. Do not send your completed VA Form 22-1990t to this email address.