



**APPLICATION FOR REFUND OF EDUCATIONAL CONTRIBUTIONS  
(VEAP, Chapter 32, Title 38, U.S.C.)**

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under 38 U.S.C. 1623 (PL 94-502). This information is necessary to properly identify and refund the amount currently being held in the Post-Vietnam Era Veterans Education Account. Disclosure of the information requested is voluntary. However failure to provide this information may delay your refund payment.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**IMPORTANT INSTRUCTIONS** - Prior to completing this form, you should understand that you may be eligible to receive educational benefits. **By receiving a refund of your contributions you will forfeit entitlement to any educational benefits you may have earned under this program.** If you have any questions concerning your eligibility for benefits or need assistance with completing this form, you should contact your nearest VA regional office before submitting this form. You may reach the VA by dialing toll-free 1-800-827-1000. **However if you wish a refund, you must complete this form and forward it to the closest VA office.**

**PART I - IDENTIFICATION DATA**

1. NAME OF APPLICANT	2. SOCIAL SECURITY NO.	3. BRANCH OF SERVICE	4. VA FILE NO. (If applicable)
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5. MAILING ADDRESS OF APPLICANT

**PART II - NOTICE OF DISENROLLMENT AND APPLICATION FOR REFUND**

**I request to be disenrolled from the POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM. I further request a refund of my remaining contributions.** I realize that a refund of my contributions will result in forfeiture of my entitlement to receive educational benefits under this program. However while on active duty, I may enroll again in this program by establishing a payroll deduction and/or making a lump sum contribution(s) not to exceed a total of \$2700, thereby reestablishing entitlement to educational benefits.

6. REASON FOR DISENROLLMENT

A.  PERSONAL HARDSHIP B.  EDUCATION COMPLETED C.  VOCATION OBTAINED D.  OTHER (Specify)

<b>FOR APPLICANTS ON ACTIVE DUTY</b>	<i>NOTE: The following signature block is to be completed only by applicants on active duty. Signature of Service Approving Official is required only upon disenrollment prior to completion of at least 12 monthly contributions to this program.</i>			
	7. SIGNATURE OF APPLICANT	8. DATE SIGNED	9. SIGNATURE AND TITLE OF SERVICE APPROVING OFFICIAL	10. DATE SIGNED
	11. LAST ALLOTMENT (Month, year)	12. SIGNATURE OF INSTALLATION FINANCE OFFICER		13. DATE SIGNED

<b>FOR APPLICANTS NOT ON ACTIVE DUTY</b>	<i>NOTE: The following signature block is to be completed only by applicants not on active duty, and must either be notarized by a Notary Public or certified by a VA official upon the applicants personal appearance and presentation of valid identification at any VA regional office.</i>			
	14. SIGNATURE OF APPLICANT	15. DATE SIGNED	16. SIGNATURE AND TITLE OF VA CERTIFYING OFFICIAL	17. DATE SIGNED
	18. DATE OF DISCHARGE (AS SHOWN ON YOUR DD FORM 214)			
Sworn to and subscribed before me this _____ day of _____, _____				
[SEAL] _____ Notary Public				
My commission expires _____				

**PART III - CERTIFICATION (FOR VA USE ONLY)**

I CERTIFY that I have reviewed this document and that payment of refund is proper.

19. SIGNATURE OF VA REGIONAL OFFICE FINANCE OFFICER	20. DATE SIGNED
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