

APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-1990)

Use this form to apply for educational assistance under the following benefit programs:

- Post- 9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S. Code
- Montgomery GI Bill Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 903 of Public Law 96-342

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Marine Gunnery Sergeant John David Fry Scholarship (chapter 33 of title 38, U.S. code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at www.va.gov/vaforms or can be obtained from the nearest VA regional office. They may also be available where you received this application.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at www.benefits.va.gov/gibill. Click "Apply On Line" and select the "Education" option.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at the Federal Relay, 711.

PART I

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.

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 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.

ITEM 7. The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients). To enroll in direct deposit, provide the information requested in Item 7 <u>and</u> attach either a voided personal check <u>or</u> a deposit slip to match the information in Item 7. If you **do not** have a bank account, please visit https://www.benefits.va.gov/benefits.banking.asp. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

PART II

ITEM 9A. You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

ITEM 9B. You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. You must meet any <u>one</u> of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

OR

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

OR

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by \$1,200

You were involuntarily separated from active duty after February 2, 1991

OR

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid \$1,200

OF

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid \$2,700.

ITEM 9C. You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

ITEM 9D. You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account.

You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903", if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

PART III

ITEM 10A. Self-explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up." This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

PART VIII

QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1978). If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at www.va.gov/vaforms.

ITEM 24. If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at www.va.gov/opa/marriage.

ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our education Internet site www.benefits.va.gov/gibill.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:

- Step 1. Mail the completed application to the VA Regional Processing Office for the state or region of that school's physical address. See page 3 for the addresses of VA Regional Processing Offices.
- Step 2. Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.
- Step 3. Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you haven't selected a school or training establishment:

- Step 1: Mail the completed application to the VA Regional Processing Office for the state or region of your home address. See the addresses on page 3 for VA Regional Processing Offices.
- Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

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

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

REQUEST TO OPT OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also know as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a veteran or other eligible individual is entitled. If you are eligible for the Post-9/11 GI Bill (Chapter 33), Montgomery GI Bill-Active Duty (Chapter 30), Montgomery GI Bill - Selected Reserve (Chapter 1606), or the Survivors' and Dependents Educational Assistance Program (DEA) (Chapter 35), you may elect to "opt-out" of these disclosures and have VA withhold this information instead. To request an opt-out, or for information about how to opt-out, please refer to our website at va.gov, or click https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, https://www.va.gov/find-forms/ to complete the VA Form 22-0993, <a href="mailto:Request to

Privacy Act Notice: 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 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends 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 claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, and published in the Federal Register. Your response is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. 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 enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, 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 2900-0154, and it expires 03/31/2026. 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. 2900-0154 in any correspondence. Do not send your completed VA Form 22-1990 to this email address.

OMB Control No. 2900-0154 Respondent Burden: 15 minutes Expiration Date: 03/31/2026

Department of Veterans Affairs		R VA EDUCATION BE Information and Instructions)	NEFITS
INTERNET VERSION AVAILABLE - You may complete a	nd send your application over the In	ernet at: <u>www.benefits.va.gov/gib</u>	<u>vill.</u>
PART	ΓΙ - APPLICANT INFORMATI	ON	
1. SOCIAL SECURITY NUMBER OF APPLICANT	2. SEX OF APPLICANT	3. APPLICANT'S DATE OF BIRTH	
	FEMALE MALE	Month Day Year	r
4. NAME (First, Middle Initial, Last)			
5. APPLICANT'S ADDRESS			
Number and Street			
	Apt./Unit Nur	nber	
City, State, ZIP Code			
6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)			
Home:	Mobile:		
6B. APPLICANT'S E-MAIL ADDRESS (Required)			
7. DIRECT DEPOSIT (To enroll in direct deposit, attach a voided person	al check <u>or</u> deposit slip to match the informatio	n provided below. Direct Deposit is not ava	ailable for Chapter 32
recipients. See Instructions for additional Direct Deposit information.) Routing or Transit Number Accordance Ac	ount Type	Account Number	
I ————————————————————————————————————		Account Number	$\overline{}$
Checking Checking	Savings Savings		DE DEAGUED
8. PLEASE PROVIDE THE NAME, ADDRESS, AND PH A. NAME	B. ADDRESS		ONE NUMBER
A. NAWL	B. ADDINESS	C. FIIC	JNE NOWDER
PART II - EDUC For help with completing this section, please se	CATION BENEFITS BEING A see the attached instructions page or v		a.gov/gibill
9A. Chapter 33 - Post-9/11 GI Bill			
9B. Chapter 30 - Montgomery GI Bill Educational Assi	stance Program (MGIB)		
9C. Chapter 1606 - Montgomery GI Bill - Selected Res		n (MGIB-SR)	
9D. Chapter 32 or Section 903 - Post-Vietnam Era Ve	terans' Educational Assistance Progra	im (VEAP)	
		***	DATE OF AMD
			A DATE STAMP of Write In This Space)
		(20110	· In Ims space)

	PART	III - TYPE AND P	ROGRAM	OF EDUCATION OR TRA	INING			
10A. TYPE OF EDUCA	TION OR TRAINING (See	instructions for additional i	information)					
COLLEGE OR OTHER SCHOOL (Including on-line courses) VOCATIONAL FLIGHT TRAINING 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)								
	ULL NAME AND ADDRE		KNOWN (Skip t	this item if you are only applying for Natio	onal Test Reimbursement, Licensing and			
10C. PLEASE SPECIF	Y YOUR EDUCATIONAL	OR CAREER OBJECTIV	Æ, IF KNOWN	(e.g. Bachelor of Arts in Accounting, weld	ling certificate, police officer, etc.)			
		PART IV	- SERVICE	E INFORMATION				
• DD Form 214 (• DD Form 2384 • Copies of order	, Notice of Basic Eligi s if activated from the	iods of active duty ser bility (NOBE) if appl Guard/Reserves	vice (excluding ying for Chap	ng active duty for training) oter 1606				
11. ARE YOU ON ACT		"Yes" if you are currently of	n drilling status ii	n the Selected Reserve, or if you are on ac	tive duty for training)			
l <u> </u>	N TERMINAL LEAVE JUS							
YES NO	(Please provide a copy of							
	13. PLEASE	E COMPLETE THE FO	LLOWING FO	OR EACH PERIOD OF MILITARY T	Y SERVICE			
A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPO USAF, USAR, ARN		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	USMCF	₹	DRILLING	N/A			
					+			
	PAR	RT V - EDUCATIO	N AND EN	IPLOYMENT INFORMATI	ON			
	E A HIGH SCHOOL DIPLO CERTIFICATE? (<i>If "Yes" pr</i>			14A. DO YOU HOLD ANY FAA FLIG certificate in Part IX, Remarks)	GHT CERTIFICATES? (If "Yes," specify each			

SOCIAL SECURITY NUMBER OF APPLICANT -

VA FORM 22-1990, JUN 2024 PAGE 5

YES NO

				SOCIAL SEC	CURITY N	UMBER OF APPLICANT		
14B.	EDUCA	TION AFTER	HIGH SCHO	OCL (Including app	renticesh	ip, on-the-job training, and	d flight training)	
		DATES OF	NUMBER AND TYPE		DEGREE, DIPLOMA,			
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER		FROM	то	NUMBER AND TYPE OF HOURS (Semester, Quarter, or Cle		OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY	
1	4C. EMF	PLOYMENT (Only complete	 if you held a licens	e or journ	 neyman rating to practice o	profession)	
EMPLOYMENT		PRINCIP	AL OCCUPAT	ION	NUMBERS OF MONTHS WORKED		LICENSE OR RATING	
BEFORE MILITARY SERVICE								
AFTER MILITARY SERVICE								
PART	VI - EN	TITLEMEN	NT TO AND	USAGE OF	ADDIT	IONAL TYPES OF	ASSISTANCE	
15. DID YOU MAKE ADDITIONA BENEFITS? IF "YES," IT WIL SUPPORT YOUR CLAIM (e.g.	L HELP \	/A PROCESS \	OUR CLAIM II	F YOU SUBMIT AN	Y EVIDEN	ICE YOU HAVE TO	YES NO	
16. DO YOU QUALIFY FOR A K (Kickers are additional amour process your claim if you sub effective date.	nts contrib	uted by DOD to	an education t	fund). If you qualify f	or a kicke	r, it will help VA	ACTIVE DUTY KICKER YES NO RESERVE KICKER YES NO	
17. IF YOU GRADUATED FROM RECEIVED YOUR COMMISS		ARY SERVICE	ACADEMY, SP	ECIFY THE YEAR	YOU GRA	DUATED AND	Graduation Year	
18. WERE YOU COMMISSIONE If you received your commiss commission and the amount your monthly subsistence allo	ion throug of your sc	jh a non-schola holarship for ea	rship program,	check "No." If "Yes,"	" provide 1	the date of your	YES NO	
Scholarship Amounts:							Date of Commission	
Year:	Amount:							
Year:	Amount:							
Year:	Amount:							
Year:	Amount:							
Year:	Amount:							
19. ARE YOU CURRENTLY PAR TUITION, FEES, BOOKS AN						T PAYS FOR YOUR	YES NO	
20. IF YOU HAD A PERIOD OF A REPAYING AN EDUCATION CONSIDERS AS BEING USE	LOAN, C	HECK "YES". S	SHOW THE PE	RIOD OF ACTIVE D	OUTY THA	AT THE MILITARY	YES NO	
21. FOR ACTIVE DUTY CLAIMA (INCLUDING BUT NOT LIMI HEALTH SERVICE FOR THI YOU RECEIVE SUCH BENE APPLYING FOR TUITION AS	TED TO F E COURS FITS DUF	EDERAL TUITI E FOR WHICH RING ANY PAR	ION ASSISTAN YOU HAVE AF T OF YOUR TE	ICE) FROM THE AF PPLIED TO THE VA RAINING, CHECK "`	RMED FO FOR EDI	RCES OR PUBLIC UCATION BENEFITS? IF	YES NO	
22. FOR CIVILIAN EMPLOYEES RECEIVING, ANY MONEY (I FROM YOUR AGENCY FOR RENEFITS? IF YOU WILL RI	NCLUDIN THE SAM	IG, BUT NOT L ME PERIOD FO	IMITED TO, TH OR WHICH YOU	HE GOVERNMENT I J HAVE APPLIED T	EMPLOYI O THE V	EES TRAINING ACT) A FOR EDUCATION	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	ary 2, 1978). See instructions.
23. ARE YOU MARRIED?	
YES NO	
24. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDI PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	NG SCHOOL, <i>OR</i> OF ANY AGE
YES NO	
25. 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	number on each sheet)
APPLICATION SUBMISSION REMINDERS	
 Write your social security number on each page? Write your complete mailing address and email address? Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collections. Check only one of the boxes below Item 9F of the benefit you are relinquishing in order to receive Chapter 	
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 a have consulted with an Education Service Officer (ESO) regarding my education program.	
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense ar these or other benefits and in criminal penalties.	
26A. SIGNATURE OF APPLICANT (<u>DO NOT PRINT</u>)	26B. DATE SIGNED (MM/DD/YYYY)