



DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS

(Under Provisions of chapters 33 and 35, of title 38, U.S.C.)

INTERNET VERSION AVAILABLE - You may complete and submit your application online at: www.va.gov.

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER	2. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	3. DATE OF BIRTH (MM/DD/YYYY)	4. NAME (First name, middle initial, last name)
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5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O., or City, State and ZIP Code)

6. TELEPHONE NUMBER(S) (Including Area Code)

MOBILE

HOME

7. EMAIL ADDRESS (If applicable)

8. DIRECT DEPOSIT (Attach a voided personal check **or** deposit slip and provide the information below. See Instructions for additional information.)

ROUTING OR TRANSIT NUMBER
(Routing number must be 9 digits)

ACCOUNT TYPE

ACCOUNT NUMBER

☐ CHECKING ☐ SAVINGS

PART II - QUALIFYING INDIVIDUAL INFORMATION (See instructions for #13)

9. NAME OF QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (First name, middle initial, last name)

10. SOCIAL SECURITY NUMBER OR VA FILE NUMBER

11. BRANCH OF SERVICE

12. DATE OF BIRTH (MM/DD/YYYY)

13A. DID PARENT OR SPOUSE DIE WHILE SERVING ON ACTIVE DUTY OR WHILE ON DUTY OTHER THAN ACTIVE DUTY AS A MEMBER OF THE ARMED FORCES?

☐ YES ☐ NO (If "Yes," is checked complete Item 13D) (If "No," is checked then you **do not** qualify for the Fry Scholarship)

13B. DATE LISTED AS MISSING IN ACTION OR P.O.W. (MM/DD/YYYY) (If applicable)

13C. DID PARENT OR SPOUSE DIE FROM A SERVICE CONNECTED DISABILITY WHILE A MEMBER OF THE SELECTED RESERVE?

☐ YES ☐ NO (If "Yes," is checked complete Item 13D) (If "No," is checked then you **do not** qualify for the Fry Scholarship)

13D. DATE OF DEATH (MM/DD/YYYY)

14. IS QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) CURRENTLY ON ACTIVE DUTY?

☐ YES ☐ NO

15. DO YOU (APPLICANT) OR THE QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) HAVE AN OUTSTANDING FELONY AND/OR WARRANT?

☐ YES ☐ NO

PART III - RELATIONSHIP AND BENEFIT INFORMATION

16. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL (Check only one)

☐ SPOUSE ☐ BIOLOGICAL CHILD ☐ STEPCHILD ☐ ADOPTED CHILD

(After marking your selection, please also complete Section I or Section II on page 2 and then proceed to complete Part IV.)

SECTION I - SPOUSE/SURVIVING SPOUSE

17A. DATE OF MARRIAGE TO THE QUALIFYING INDIVIDUAL? (NOTE: Date will be verified against information entered on VA Form 21-686c, Application Request to Add and/or Remove Dependents)

(MM/DD/YYYY)

17B. IS A DIVORCE OR ANNULMENT PENDING TO THE QUALIFYING INDIVIDUAL?

☐ YES ☐ NO

18. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED?

☐ YES ☐ NO

(If "Yes," please provide date of remarriage)(MM/DD/YYYY)

SECTION I - SPOUSE/SURVIVING SPOUSE (Continued)

19. SPOUSE/SURVIVING SPOUSE SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW:

IMPORTANT ►

PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 4, ITEM 19 BEFORE SELECTING BOX "A" OR "B" BELOW REGARDING THE BENEFIT FOR WHICH YOU ARE APPLYING. THE INFORMATION AND INSTRUCTIONS ON PAGE 6 PROVIDE LINKS TO VA WEBSITES WHERE YOU WILL BE ABLE TO COMPARE "DEA" AND "FRY SCHOLARSHIP" BENEFITS. YOU WILL ALSO FIND OTHER ELIGIBILITY RELATED INFORMATION THERE.

- ☐ **A.** AS A SPOUSE OR SURVIVING SPOUSE BASED ON 100% PERMANENT AND TOTAL DISABILITY, SERVICE CONNECTED OR LINE OF DUTY DEATH, I AM APPLYING FOR CHAPTER 35 - DEA BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS **IRREVOCABLE** AND MAY NOT BE CHANGED.

- ☐ **B.** AS A SURVIVING SPOUSE BASED ON EITHER "IN THE LINE OF DUTY" DEATH WHILE ON ACTIVE DUTY OR DUTY OTHER THAN ACTIVE DUTY WHILE A MEMBER OF THE ARMED FORCES, OR A SERVICE CONNECTED DEATH WHILE SERVING AS A MEMBER OF THE SELECTED RESERVE AFTER SEPTEMBER 10, 2001. I AM APPLYING FOR CHAPTER 33 FRY SCHOLARSHIP BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS **IRREVOCABLE** AND MAY NOT BE CHANGED.

SECTION II - BIOLOGICAL CHILD/STEPCHILD/ADOPTED CHILD

20. BIOLOGICAL CHILD/STEPCHILD/ADOPTED CHILD SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW:

IMPORTANT ►

PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 5, ITEM 20 BEFORE SELECTING BOX "A" OR "B" BELOW REGARDING THE BENEFIT FOR WHICH YOU ARE APPLYING. THE INFORMATION AND INSTRUCTIONS ON PAGE 5 PROVIDE LINKS TO VA WEBSITES WHERE YOU WILL BE ABLE TO COMPARE "DEA" AND "FRY" BENEFITS. YOU WILL ALSO FIND OTHER ELIGIBILITY RELATED INFORMATION THERE.

- ☐ **A.** I AM APPLYING FOR CHAPTER 35 - DEA BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS **IRREVOCABLE** AND MAY NOT BE CHANGED.

Important - If your parent died in the line of duty prior to August 1, 2011, you may apply for **both** DEA and Fry Scholarship benefits. If you are eligible for both Chapter 35 (DEA) and Chapter 33 (Fry Scholarship) benefits and you would like to use the Chapter 35 benefit first, check the box below.

☐ CHAPTER 35 - DEA

- ☐ **B.** I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS **IRREVOCABLE** AND MAY NOT BE CHANGED.

Important - If your parent died in the line of duty prior to August 1, 2011, you may apply for **both** DEA and Fry Scholarship benefits. If you are eligible for both Chapter 35 (DEA) and Chapter 33 (Fry Scholarship) benefits and you would like to use the Chapter 33 benefit first, check the box below.

☐ CHAPTER 33 - FRY SCHOLARSHIP

IMPORTANT: If you are over the age of 18 once you receive either the DEA or FRY SCHOLARSHIP benefits, you will no longer receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may no longer be claimed as a dependent in a Compensation claim. If you are under the age of 18, on your 18th birthday you will lose eligibility for DIC or Pension payments and you will no longer be claimed as a dependent in a Compensation claim.

CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 5, ITEM 21 BEFORE COMPLETING THE ELECTION BOX FOR QUESTION 21 BELOW. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

21. I CERTIFY THAT I UNDERSTAND THE EFFECTS THAT THIS ELECTION TO RECEIVE DEA OR FRY SCHOLARSHIP BENEFITS WILL HAVE ON MY ELIGIBILITY TO RECEIVE **DIC OR PENSION** BENEFITS *(Please read the Information and Instructions for ITEM 21 on Page 5 for additional information)*

☐ YES ☐ NO

PART IV - AGE AND HIGH SCHOOL INFORMATION

22A. ARE YOU A CHILD UNDER AGE 18?

☐ YES ☐ NO *(If "Yes," please refer to Question 23)*

22B. ARE YOU A SPOUSE UNDER AGE 18?

☐ YES ☐ NO *(If "Yes," please refer to Question 23)*

23. IF THE APPLICANT IS UNDER AGE 18, HAS THE APPLICANT GRADUATED HIGH SCHOOL OR RECEIVED A GED?

☐ YES *(If "Yes," please provide the date of graduation or the date you received GED)*

☐ NO *(If "No," please provide the expected date of graduation or GED)*

MM/DD/YYYY

MM/DD/YYYY

24. WOULD YOU LIKE TO RECEIVE VOCATIONAL AND EDUCATIONAL COUNSELING? *(Please read the Information and Instructions for ITEM 24 on Page 5 for additional information regarding vocational and educational counseling)*

☐ YES ☐ NO

25A. **[DEA ONLY]** DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL RESTORATIVE TRAINING? *(Please read the Information and Instructions for ITEM 25 Page 5 for additional information regarding special restorative training)*

☐ YES ☐ NO

25B. **[DEA ONLY]** DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL VOCATIONAL TRAINING? *(Please read the Information and Instructions for ITEM 25 Page 5 for additional information regarding special vocational training)*

☐ YES ☐ NO

PART V - APPLICATION HISTORY26. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR OR RECEIVED ANY OF THE FOLLOWING VA BENEFITS? *(Check all appropriate boxes)*☐ A. DISABILITY COMPENSATION OR PENSION☐ B. DEPENDENTS' INDEMNITY COMPENSATION (DIC)☐ C. VETERAN READINESS AND EMPLOYMENT BENEFITS *(Chapter 31)*☐ D. VETERANS EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE *(Specify benefit(s)):* _____☐ E. VETERANS EDUCATION ASSISTANCE BASED ON SOMEONE ELSE'S SERVICE☐ F. OTHER *(Specify benefit(s)):* _____**IMPORTANT:** Complete Items 27 and 28 **only** if you checked the box for Item 26E above.27. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS *(First, Middle, Last)*

28A. SOCIAL SECURITY NUMBER OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

28B. DATE OF BIRTH OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

MM/DD/YYYY

28C. DATE OF DEATH OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS OR THE DATE HE/SHE WAS LISTED AS MISSING IN ACTION OR PRISONER OF WAR

MM/DD/YYYY

28D. IS THE INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS CURRENTLY ON ACTIVE DUTY?

☐ YES ☐ NO

28E. PLEASE PROVIDE THE BRANCH OF SERVICE OF THE INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS

PART VI - APPLICANT'S MILITARY SERVICE INFORMATION**(NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)**29. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? *(If "No," skip to Part VII)*☐ YES ☐ NO

30. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY

A. DATE ENTERED ACTIVE DUTY *(MM/DD/YYYY)*B. DATE SEPARATED FROM ACTIVE DUTY *(MM/DD/YYYY)*

C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT

D. CHARACTER OF DISCHARGE

NOTE: The most current information on VA Education Benefits is available online at www.va.gov.**PART VII - 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.31. SIGNATURE OF APPLICANT **(DO NOT PRINT)** (You must be at least 18 years of age to legally sign this form. If under 18, your parent, guardian or custodian must complete and sign in Part VIII).32. DATE SIGNED *(MM/DD/YYYY)***PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.**PART VIII - SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN****(This section must be completed by the parent, guardian, or custodian if the applicant is a minor)**33. NAME OF PARENT, GUARDIAN, OR CUSTODIAN *(First, Middle Initial, Last) (Type or print)*

34A. MAILING ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN

Number and Street

Apartment or Unit Number *(If applicable)*

City, State, ZIP Code

34B. TELEPHONE NUMBER(S) OF PARENT, GUARDIAN, OR CUSTODIAN *(Include Area Code)*

MOBILE: _____ HOME: _____

34C. EMAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN *(If applicable)*

35A. SIGNATURE OF:

☐ PARENT/GUARDIAN/CUSTODIAN *(check if child is under age 18)*35B. DATE SIGNED *(MM/DD/YYYY)*

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE
DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-5490)**

Do **not** use this form to apply for Veterans' education assistance based on your own service (chapters 30, 32, 33, or 1606) or Veterans Readiness and Employment benefits (chapter 31). To apply for Veterans' education assistance based on your own service, use VA Form 22-1990. To apply for Veteran Readiness and Employment benefits, use VA Form 28-1900. VA forms are available at www.va.gov/vaforms.

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

ITEM 8. The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, please attach a voided personal check **or** deposit slip, **and** provide the information requested in Item 8. 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. The Veterans Benefits Banking Program (VBBP) will work with you to set up an account, or help you qualify for an account, so you can use direct deposit. To get started, call one of the participating banks or credit unions listed on the VBBP website. Be sure to mention the Veterans Benefits Banking Program.

NOTE: Federal regulation, found in 31 C.F.R. § 208.3 provides that, subject to section 208.4, "all Federal payments made by an agency shall be made by electronic funds transfer" (EFT).

ITEM 13A. Please check Yes or No for this box if you are a child or spouse of an active duty service member or a member of the Selected Reserve and the member died in the line of duty while serving. **Note:** Determination of 'died in the line of duty while serving on duty other than active duty' will be determined by the Department of Defense and the VA.

ITEM 13C. Please check Yes or No for this box if you are a child or spouse of a member of the Selected Reserve and the member died after September 10, 2001 from a service connected disability as determined by VA.

ITEM 15. You will not be eligible to receive benefits for any period for which you or the qualifying individual on whose account you are claiming benefits has an outstanding felony or warrant. Any benefits paid to you for such period will result in an overpayment and be subject to collection.

ITEM 17A. 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(3)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

ITEM 19. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 19A OR 19B REGARDING THE BENEFIT FOR WHICH YOU ARE APPLYING.

- To qualify for Survivor's and Dependents' Educational Assistance (DEA) you must be either:
 - (1) The spouse of a veteran who is permanently and totally disabled as a result of a service-connected disability, **OR**
 - (2) The spouse of an individual on active duty who has been listed as missing in action, captured in the line of duty by hostile force, forcibly detained or interned in the line of duty by hostile force, or forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days, **OR**
 - (3) The surviving spouse **or** child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature, **OR**
 - (4) The surviving spouse of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the service member is likely to be discharged or released from such service for such disability.
- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the surviving spouse of a member who died in the line of duty while serving on active duty or while serving on duty other than active duty while a member of the Selected Reserve or from a service connected disability while a member of the Selected Reserve. The death must have occurred after September 10, 2001.

NOTE: If you are eligible for both Chapter 35 DEA and Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) benefits, you must relinquish/give up entitlement to one or the other benefit for which you are eligible, **even if entitlement arises from separate events**. In other words, you must forfeit eligibility to the other benefit even if your eligibility is due to:

- A separate Period of Service (POS) other than the one for which the death of the spouse is associated; **OR**
- A separate POS other than the one for which your spouse has a total disability permanent in nature resulting from a service-connected disability, death due to service connected disability; **OR**
- A separate POS based on any other criteria as listed in 38 U.S.C. § 3501(a)(1); **OR**
- Death of any other individual identified in Item 9 of this application.

IMPORTANT: You cannot retain eligibility for both programs simultaneously. Therefore, by checking either box "A" or box "B" in Item 19, you agree and understand that you are making an **irrevocable** election to receive the selected benefit and your election may not be changed.

IMPORTANT: Eligibility for DEA will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

INFORMATION AND INSTRUCTIONS (Continued)

Note: Before making your election selection, you can compare the differences between DEA and Fry, and the benefits each provide in order to help you make the best choice that suits your needs. This benefit comparison information can be found on the VA website at: <https://www.va.gov/search/?query=FRY&t=false>. You can also find additional information about each program by visiting the GI Bill website at: <https://benefits.va.gov/gibill/> and using the comparison tool.

ITEM 20. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 20A OR 20B REGARDING THE BENEFIT FOR WHICH YOU ARE APPLYING.

- To qualify for Survivor's and Dependents' Educational Assistance (DEA) you must be either:
 - (1) The child of a veteran who is permanently and totally disabled as a result of a service-connected disability; **OR**
 - (2) The child of an individual on active duty who has been listed as missing in action, captured in the line of duty by hostile force, forcibly detained or interned in the line of duty by hostile force, or forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days, **OR**
 - (3) The child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature, **OR**
 - (4) The child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the service member is likely to be discharged or released from such service for such disability.
- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the dependent child of a member who died in the line of duty while serving on active duty or while serving on duty other than active duty while a member of the Selected Reserve or died from a service connected disability while a member of the Selected Reserve. The death must have occurred after September 10, 2001.

NOTE: Children of a member of the Selected Reserve who died while on duty other than active duty DO NOT qualify for DEA. Therefore, you can only apply for the Fry Scholarship.

PARENT'S DEATH PRIOR TO AUGUST 1, 2011 -

- The election you choose in Item 20 **does not** eliminate your eligibility for the alternate benefit (either DEA and the Chapter 33 Post-9/11 GI Bill-Fry Scholarship based on the same event (i.e., your parent's line of duty death that occurred prior to August 1, 2011).

PARENT'S DEATH ON OR AFTER AUGUST 1, 2011 -

- The election you choose in Item 20 **does** eliminate your eligibility for the alternate education benefit (either DEA and the Chapter 33 Post-9/11 GI Bill-Fry Scholarship based on the same event (i.e., your parent's line of duty death that occurred on or after August 1, 2011). Therefore, you must relinquish/give up eligibility entitlement to the benefit that you are **not** applying for **but only with regard to the entitlement arising from the same event** (i.e., your parent's line of duty death that occurred on or after August 1, 2011). By checking either box "A" or box "B" in Item 20, you agree and understand that you are making an **irrevocable** election to receive the selected benefit and your election may not be changed.

IMPORTANT: Unlike spouses, children may be able to retain eligibility for both programs simultaneously if they qualify under different events and individuals (i.e., a separate parent's line of duty death that occurred on or after August 1, 2011).

IMPORTANT: Eligibility for (DEA) will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

NOTE: Before making your election selection, you can compare the differences between DEA and Fry, and the benefits each provide in order to help you make the best choice that suits your needs. This benefit comparison information can be found on the VA website at: <https://www.va.gov/search/?query=FRY&t=false>. You can also find additional information about each program by visiting the GI Bill website at <https://benefits.va.gov/gibill/>, and using the comparison tool.

ITEM 21. Your election to receive Survivors' and Dependents' Education Assistance (DEA) or Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) in lieu of payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) is final and cannot be changed. This means that if you are 18 or older, payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) will be terminated upon issuance of a DEA or Fry Scholarship benefit payment. If you are under the age of 18, these benefits will be terminated on your 18th birthday. If you are planning to pursue a program of education for more than 36 months, you should consider deferring receipt of DEA for Fry Scholarship benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision.

ITEM 24. VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE: VA offers a wide range of services to assist you in planning your educational and/or career goals. Services include educational vocational guidance and testing to develop a greater understanding of your skills, talents and interests. For more information on VA counseling, call VA toll-free at 1-800-827-1000 or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

ITEM 25. Any individual eligible under the DEA program may receive Special Restorative Training or Specialized Vocational Training if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible for receipt of specialized training, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, and Braille reading and writing. Specialized Vocational Training consists of specialized courses leading to a suitable vocational objective.

HOW TO FILE YOUR CLAIM

You may complete and submit your application online at www.va.gov which when filed electronically renders a faster eligibility determination or be sure to do the following:

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

Step 1: If you are not submitting electronically, please mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See below for addresses of the 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 submit your VA Form 22-1999, Enrollment Certification, electronically through the new Enrollment Manager.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you have not selected a school or training establishment:

Step 1: If you are not submitting your application electronically through <https://www.va.gov/education/apply-for-education-benefits/application/5490/introduction>, please mail the completed application to the VA Regional Processing Office for the region of your home address. Please check below for addresses of the 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.

ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application, call VA toll-free at 1-888-GIBILL-1. If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get more information about education assistance at www.va.gov.

CONTACT VA FROM OVERSEAS

Students and School Certifying Officials calling from outside the United States can contact VA by phone at: 001-918-781-5678 during business hours, 7 a.m. - 6 p.m. CST, Monday - Friday. This is not a toll-free number but the caller will be routed to the next available customer service representative. Non-overseas customers should call the toll-free number shown in "Additional Help Completing Application" above.

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
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO 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		AMERICAN SAMOA		PHILIPPINES		MARIANA 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 known 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 <https://www.va.gov/education/opt-out-information-sharing/>, or click <https://www.va.gov/find-forms/> to complete the VA Form 22-0993, *Request to Opt-Out of Information Sharing with Educational Institutions*.

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., awards of benefits) 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 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. 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 in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). 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 2900-0098, and it expires 01/31/2028. Public reporting burden for this collection of information is estimated to average 25 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. 2900-0098 in any correspondence. Do not send your completed VA Form 22-5490 to this email address.