



**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.gibill.va.gov](http://www.gibill.va.gov)

**PART I - APPLICANT INFORMATION**

1. SOCIAL SECURITY NUMBER		2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. DATE OF BIRTH
4. NAME (FIRST-MIDDLE-LAST)			
5. CURRENT MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)			
6. TELEPHONE NUMBER(S) (Including Area Code)			
PRIMARY		SECONDARY	
7. E-MAIL ADDRESS (If applicable)			
8. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for DEA benefit payments)			
ROUTING OR TRANSIT NUMBER □□□□□□□□		ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER □□□□□□□□□□
9. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED			
A. NAME	B. ADDRESS		C. TELEPHONE NUMBER (Include Area Code)

**PART II - QUALIFYING INDIVIDUAL INFORMATION**

10. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (FIRST- MIDDLE -LAST)		
11. SOCIAL SECURITY NUMBER OR VA FILE NUMBER		12. BRANCH OF SERVICE
13. DATE OF BIRTH	14. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.	15. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
16. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		
17. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**PART III - BENEFIT AND TYPE OF EDUCATION OR TRAINING**

<input type="checkbox"/> 18A. CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)  <input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL  <input type="checkbox"/> FARM COOPERATIVE  <input type="checkbox"/> LICENSING OR CERTIFICATION TEST  <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING  <input type="checkbox"/> NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT  <input type="checkbox"/> CORRESPONDENCE COURSE (Spouse or Surviving Spouse only)	<input type="checkbox"/> 18B. CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)  <input type="checkbox"/> INSTITUTION OF HIGHER LEARNING  <input type="checkbox"/> LICENSING OR CERTIFICATION TEST
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**VA DATE STAMP**  
(For VA Use Only)

SOCIAL SECURITY NUMBER OF APPLICANT --

19. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY (Number and street or rural route, city or P.O., State and ZIP Code)  
 GEORGE C WALLACE COMMUNITY COLLEGE, 1141 WALLACE DRIVE, DOTHAN, AL 36303

20. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer)

21. DATE YOU WILL BEGIN SCHOOL OR TRAINING

MONTH  DAY  YEAR

**PART IV - DEA APPLICANT AND ELECTION INFORMATION  
 (Fry Scholarship Applicants, Skip to Part V)**

**SECTION I - APPLICANT INFORMATION**

22. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?  
 YES  NO

23. ARE YOU A HANDICAPPED CHILD (14 YEARS OR OLDER), SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING?  
 YES  NO

24. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING?  
 YES  NO

25. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?  
 YES  NO (If "Yes," please provide date of remarriage) MONTH  DAY  YEAR

**SECTION II - ELECTION (CHILD APPLICANTS ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' Educational Assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

26. I CERTIFY that I understand the effects of an election to receive DEA benefits and I elect to receive such benefits on the following date:  
 MONTH  DAY  YEAR

**PART V - APPLICATION HISTORY**

27. 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.  VOCATIONAL REHABILITATION 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  
 SPECIFY BENEFIT(S) BY CHECKING APPLICABLE BOX BELOW AND COMPLETE ITEMS 28 AND 29

CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT DAVID FRY SCHOLARSHIP

TRANSFERRED ENTITLEMENT

F.  NONE

G.  OTHER (Specify benefit(s)) \_\_\_\_\_

**IMPORTANT:** Complete Items 28 and 29 only if you checked block "E" in Item 27

28. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS (First, Middle, Last)

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

**PART VI - APPLICANT'S MILITARY SERVICE INFORMATION**

*(Note: Chapter 35 benefits are not payable while an eligible person is on active duty)*

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part VII)  
 YES  NO

**31. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY**

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

SOCIAL SECURITY NUMBER OF APPLICANT    -   -

**PART VII - EDUCATION, TRAINING, AND EMPLOYMENT**

**SECTION I - EDUCATION & TRAINING**

32. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 33

<input type="checkbox"/> GRADUATED FROM HIGH SCHOOL	<input type="checkbox"/> DISCONTINUED HIGH SCHOOL
<input type="checkbox"/> EXPECT TO GRADUATE FROM HIGH SCHOOL	<input type="checkbox"/> AWARDED GED
<input type="checkbox"/> NEVER ATTENDED HIGH SCHOOL	

33. DATE

34A. TYPE OF SCHOOL	34B. NAME AND LOCATION OF SCHOOL <i>(City and State)</i>	34C. DATES OF TRAINING		34D. NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	34E. DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	34F. MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER <i>(Specify)</i>						
_____						
_____						
_____						

**SECTION II - EMPLOYMENT**

**35. CURRENT AND PAST EMPLOYMENT**

A. EMPLOYER	B. JOB TITLE	C. NUMBER OF MONTHS EMPLOYED	D. LICENSE OR RATING

**NOTE:** Complete Item 36 **only** if you are a civilian employee of the U.S. Government

36A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSES FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? <i>(If "Yes," complete Item 36B)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
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**PART VIII - REMARKS, REMINDERS AND VA EDUCATION BENEFITS PAMPHLET**

**SECTION I - REMARKS**

37. REMARKS *(If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet)*

**SECTION II - REMINDERS**

**DID YOU REMEMBER TO:**

- WRITE YOUR SOCIAL SECURITY NUMBER ON EACH PAGE
- WRITE YOUR COMPLETE MAILING ADDRESS
- ATTACH SUPPORTING DOCUMENTS *(e.g., birth certificate, marriage license, DD214, etc.)*

**SECTION III - VA EDUCATION BENEFITS PAMPHLET**

38. THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT [www.gibill.va.gov](http://www.gibill.va.gov) IF YOU WOULD LIKE A COPY OF THE VA EDUCATION BENEFITS PAMPHLET PLEASE CHECK THE BOX.

**PART IX - 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.

39A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>  SIGN HERE IN INK	39B. DATE SIGNED
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**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.