



**DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM
OR PLACE OF TRAINING
(Under Provisions of Chapters 33 and 35, Title 38, U.S.C.)**

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

PART I - APPLICANT INFORMATION

1. NAME <i>(First, Middle Initial, Last)</i>		VA DATE STAMP (For VA Use Only)																				
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER																					
4. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH																					
6. CURRENT MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>																						
7. TELEPHONE NUMBER(S) <i>(Including Area Code)</i>																						
PRIMARY		SECONDARY																				
8. E-MAIL ADDRESS <i>(if applicable)</i>																						
9. DIRECT DEPOSIT <i>(Attach a voided personal check or provide the following information. Direct Deposit not available for DEA benefit payments)</i>																						
ROUTING OR TRANSIT NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>											ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>										
10. 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																				

PART II - QUALIFYING INDIVIDUAL INFORMATION

11. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED <i>(First, Middle, Last)</i>		
12. SOCIAL SECURITY NUMBER OR VA FILE NUMBER	13. BRANCH OF SERVICE	
14. DATE OF BIRTH	15. DATE OF DEATH OR DATE LISTED AS MIA OR POW	16. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO
17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> ADOPTED CHILD		
18. 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 - APPLICANT'S MILITARY SERVICE INFORMATION
(NOTE: Chapter 35 benefits are not payable while an eligible person is an active duty)

19. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? <i>(If "No," skip to Part IV)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. INFORMATION ABOUT YOUR PERIODS 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

PART IV - YOUR PROGRAM

21A. CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

- COLLEGE OR OTHER SCHOOL
- FARM COOPERATIVE
- LICENSING OR CERTIFICATION TEST
- APPRENTICESHIP OR ON-THE-JOB TRAINING
- NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
- CORRESPONDENCE *(Spouse or Surviving Spouse only)*

21B. CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)

- INSTITUTION OF HIGHER LEARNING
- LICENSING OR CERTIFICATION TEST

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

23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?

24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND *(if applicable)*

25. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF CURRENT OR OLD SCHOOL OR TRAINING ESTABLISHMENT

26. TELL US **WHEN** AND **WHY** YOU STOPPED (or will stop) TRAINING AT YOUR OLD (or current) SCHOOL OR TRAINING ESTABLISHMENT

PART V - REMARKS AND CERTIFICATION

27. 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 of paper)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful 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.

28A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

28B. DATE SIGNED

**Sign Here
In INK**