| Department of Veterar | ns Affairs | | |
|--|--|---|--|
| REQUI | EST FOR CHANGE OF | PROGRAM OR PLA | ACE OF TRAINING |
| | PART I - IDENTIFICATIO | N AND PERSONAL INFORM | ATION |
| 1A. NAME OF APPLICANT (First, Midde | VA DATE STAMP DO NOT WRITE IN THIS SPACE | | |
| 1B. MAILING ADDRESS (Complete stre | eet address, City, State, and 9-digit ZIP (| Code) | _ |
| | | 1D. VA FILE NUMBER | |
| 1C. APPLICANT'S TELEPH DAY | ONE NUMBER (Including Area Code) EVENING | ID. VA FILE NOWBER | |
| DAT | EVENING | | |
| 1E. APPLICANT'S E-MAIL ADDRESS | | 1F. SOCIAL SECURITY enter the veteran's | OF APPLICANT (For transferability cases, social security number) |
| | DARTII VOUD | DDOCDAM INCODMATION | |
| 2. EDUCATION BENEFIT YOU WANT 1 | | PROGRAM INFORMATION | |
| A. CHAPTER 33 (Post-9/11 GI BI | | eterans Educational Assistance ng section 903) | E. CHAPTER 1607 (Reserve Educational Assistance Program) |
| B. CHAPTER 30 (Montgomery GI Duty) | Bill - Active D. CHAPTER 1606 (Selected Reserve) | (Montgomery GI Bill-) | F. TRANSFER OF ENTITLEMENT PROGRAM |
| 3. HOW WILL YOU TAKE TRAINING? | | | |
| A. X SCHOOL ATTENDANCE | D. COOP | PERATIVE TRAINING | G. LICENSING & CERTIFICATION TEST |
| B. CORRESPONDENCE | | ON ASSISTANCE TOP-UP te Duty Only) | H. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT |
| C. APPRENTICESHIP OR ON-THI | E-JOB TRAINING F. FLIGH | IT TRAINING | |
| 4A. WHAT EDUCATION, PROFESSION YOU WORKING TOWARD? | IAL OR VOCATIONAL GOAL ARE | 4B. WHAT IS THE NAME OF TH | E PROGRAM YOU ARE REQUESTING? |
| | | | |
| 4C. IF CHANGING SCHOOLS, GIVE NAMEW SCHOOL OR TRAINING ESTATO ATTEND (If applicable) | AME AND COMPLETE ADDRESS OF ABLISHMENT YOU ARE PLANNING | 4D. NAME AND COMPLETE AD TRAINING ESTABLISHMEN | DRESS OF OLD OR CURRENT SCHOOL OR IT |
| GEORGE C WALLACE COMM 1141 WALLACE DRIVE | UNITY COLLEGE | | |
| DOTHAN, AL 36303 | | | |
| 4E. TELL US WHEN AND WHY YOU ST SHEET IF NECESSARY. | OPPED TRAINING AT YOUR PRIOR SC | CHOOL OR ESTABLISHMENT. CC | ONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | <u>₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</u> | ******* |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Post-vietnam Lia Luucational As | ssistance Program (chapter 32) nor h | or section 903. | E. Direct Deposit is not available for the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| A. ATYPAS ADEXANCAS OF UNITS X X X X X X X X X X X X X X X X X X X | | ^^^^^^ | xxxxxxxxxxxxxxxxxxxxxxx |
| B. NAME OF FINANCIAL INSTITUTION | | | |
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| VA FORM 22 1005 | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| VA FORM NOV 2008 22-1995 | USED. | , | |

| A. ARE YOU CURRENTLY MARRIED? B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18 OR (2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS? C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? 7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for each period of active service. (Don't report Active Duty for Training.) A. BRANCH OF SERVICE ACTIVE DUTY IS DESCRIVED BEGINNING AND ENDING ONE POWER YOUR DISTANCE OF ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF ACTIVE DUTY FOR THIS OF YOUR DISTANCE OF ACTIVE DUTY SITTLE 10 (FEDERAL) OF ACTIVE DUTY FOR THIS OF YOUR DISTANCE OF ACTIVE DUTY SITTLE 10 (FEDERAL) OF YOUR DISTANCE OF ACTIVE DUTY FOR THIS OF YOUR DISTANCE OF ACTIVE DUTY SITTLE 10 (FEDERAL) OF YOUR DISTANCE OF ACTIVE DUTY FOR THIS OF YOUR DISTANCE OF ACTIVE DUTY SITTLE 10 (FEDERAL) OF YOUR DISTANCE OF YOUR DI | PART IV - MISCELLANEOUS INFORMATION | | | | | | | | | | |
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| A ARE YOU CURRENTLY MANIBED? (2) OVER 16 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS? (2) OVER 16 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS? (5) ETHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? 7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY). Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA derive Duty for Training.) A BRANCH OF SERVICE AND BY TRAINING AND ENDING TRAINING YOUR DIFFORM 214 for each period of active service. (I) And report Active Duty for Training.) A BRANCH OF SERVICE AND BY TRAINING AND ENDING TOWN OF TRAINING YOUR DIFFORM YOUR DISCHARGE? NOTICE DO NOT INCLIDE TULL TIME ASSIGNMENT BY A STRYICE DEPARTMENT TO A CIVIL AN SCHOOL FOR A COURSE OF EDICATION, ATTENDANCE AT A STRYICE ACADESIVE OR AND SCHOOL TRAINING AND ENDING THE SERVICE OF ACTIVE DUTY SERVICE AND SCHOOL FOR A COURSE OF EDICATION, ATTENDANCE AT A STRYICE VALUE FOR THE SERVICE AND SCHOOL FOR A COURSE OF EDICATION, ATTENDANCE AT A STRYICE VALUE FOR THE SERVICE OF ACCIONNENT EMPLOYERS TRAINING ACT (BETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VALUE DUCATION BERFETTS//disver only If you are a Federal Government employer) YES NO PARE YOU RECEIVE YOU ON YOU ANTIGNET RECEIVED ON ANY MONEY including to not invited to Federal Tuito Assistance PROWN THE ANNE DOPICS OF PROBLEMS AND SCHOOL TO RECEIVE EMPLOYED AND SCHOOL TO R | 6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.) | | | | | | | | | | |
| B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18 OR (2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS? C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT? 7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for seach period of your active duty is one your initial period of sache very livy but have not proviously reported this information. It will help YA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for each period of active service. (Den't report Active Duty for Training.) ASSANCY OF SERVICE ALBERT OF ACTIVE DUTY. B. SEQINNING AND EXDINING AND EXDING OF ACTIVE DUTY SINCE YOU AND ACTIVE DUTY SINCE IT ACTIVE SINCE IT ACTIVE DUTY SINCE IT ACTIVE SINCE SINCE IT ACTIVE | | YES (\/) | | NO (√) | | | | | | | |
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| AND PRESERVE TO BE GUARD DATES OF ACTIVE DUTY DURING ACTIVE DUTY | for each period of your process your claim if yo | active duty since your initial pe ou attach a certified copy of "Me | eriod of active o | duty if you have | e not previo | usly reported this info | ormation. It | t will help VA | | | |
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| SERVICE ACADEMY: OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF CONT-MARTIAL, ETC.) 8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee) 9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? If YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETRIALS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty) YES NO 10. REMARKS PART V - 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 on active duty, I also certify that I 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 and may result in the forfeiture of these or other benefits and in criminal penaltics. | | | | | | | | | | | |
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| SERVICE ACADEMY; OR NON-CREDITABLE TIME CIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.) 8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee) YES NO 9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK YES. SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty) YES NO 10. REMARKS PART V - 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 on active duty, I also certify that I 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 and may result in the forfeiture of these or other benefits and in criminal penaltics. | | | | | | | | | | | |
| 8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee) YES | SERVICE ACADEMY; OR N | ON-CREDITABLE TIME (TIME LOS | ST BECAUSE OF | MENT TO A CIV F INDUSTRIAL (| ILIAN SCHOO R AGRICULT | OL FOR A COURSE OF I TURAL FURLOUGH, AR | EDUCATION REST WITH | N; ATTENDANCE AT A IOUT ACQUITTAL, BEING | | | |
| 9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "RES" "SHOW COMPLETE DETIALS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty) YES NO 10. REMARKS PART V - 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 on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties. | 8. DO YOU EXPECT TO REC | CEIVE EDUCATIONAL BENEFITS | UNDER THE GO | | | TRAINING ACT (GETA) | FOR THE | SAME COURSE(S) YOU WILL | | | |
| OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "FSE," SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty) PART V - 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 on active duty, I also certify that I 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 and may result in the forfeiture of these or other benefits and in criminal penalties. | | I BENEFITS?(Answer only 1J you | are a reaerai c | sovernment em | pioyeej | | | | | | |
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| 11A. SIGNATURE OF APPLICANT (DO NOT PRINT) 11B. DATE SIGNED | of these or other benefits and in criminal penalties. | | | | | | | | | | |
| | 11A. SIGNATURE OF APPLICANT (DO NOT PRINT) SIGN HERE IN INK ▶ | | | | | | 11B. DATE | SIGNED | | | |