Department of Veterans Affair	
INTERNET VERSION AVAILABLE - You may comp	lete and send your application over the Internet at: www.gibill.va.gov
1. SOCIAL SECURITY NUMBER OF APPLICANT	ART 1-APPLICANT INFORMATION
	2. SEX OF APPLICANT 3. APPLICANT'S DATE OF BIRTH Month Day Year
4. NAME (First, Middle Initial, Last)	MALE FEMALE
5 APPLICANT'S ADDRESS	
Number and Street	
<u> </u>	Apt./Unit Number
City, State, ZIP Code	
A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)	
Primary:	Secondary:
B. APPLICANT'S E-MAIL ADDRESS (If applicable)	
DIRECT DEPOSIT (Allocks and all all all all all all all all all al	
DIRECT DEPOSIT (Attach a voided personal check or provide the Routing or Transit Number	
Checking	Account Type Account Number Savings Savings
8. PLEASE PROVIDE THE NAME ADDRESS AND	PHONE AN MADER OF COURSE
A. NAME	PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED
	B. ADDRESS C. PHONE NUMBER
PART II - EDUCATION BENEFI	T BEING APPLIED FOR See instructions for benefit eligibility criteria
9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if	you are eligible for chapter 30, chapter 1606, or chapter 1607)
9B. Chapter 30 - Montgomery GI Bill Educational A	· · · · · · · · · · · · · · · · · · ·
_	Reserve Educational Assistance Program (MGIB-SR)
9D. Chapter 1607 - Reserve Educational Assistance	
	Veterans' Educational Assistance Program (VEAP)
9F. Chapter 33 Flection (Complete only if this is yo	Total Cudational Assistance Program (VEAP)
l elect to receive chapter 33 education ben	ur first request for chapter 33 and you are eligible for one of the benefits listed below) efits in lieu of the education benefit checked below, effective
understand that my election is irrevocable	and may not be changed. (Check only one) (date)
Chapter 30 - Montgomery GI Bill Educ	Cational Assistance Program (MGIB)
Chapter 1606 - Montgomery GI Bill - 8	Selected Reserve Educational Assistance Program (MGIB-SR)
Chapter 1607 - Reserve Educational	Assistance Program (REAP)
PART III - TYPE AND PROGRAM	OF EDUCATION OF TRAINING
THE OF EDUCATION OR TRAINING (See instructions for addi-	tional information) (Do Not Write In This Space
COLLEGE OR OTHER SCHOOL (Including on-line courses)	APPRENTICESHIP OR ON-THE-JOB
VOCATIONAL FLIGHT TRAINING	CORRESPONDENCE
NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)	TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 anty)
LICENSING OR CERTIFICATION TEST REIMBURSEMENT MCSE, CCNA, EMT., NCLEX, ETC.)	. οπι <u>ν</u> .
Mede, Cena, Elat, Nellea, Ele.)	

				\$(OCIAL SECURIT	YNUMBER	OF APPLICANT		_ -] -[_		
10B. PROVIDE THE and Certification	FULL NAME AND Test Reimbursemen	ADDRES	SS OF THE S n Assistance T	CHOOI op-Up)	L, IF KNOWN <i>(Sk</i>	ip this item if)	you are only applying for Na	itional Test R	Reimbursement, Li	censing		
10C. PLEASE SPECI	FY YOUR EDUC	ATIONAL	OR CAREER	OBJE	CTIVE, IF KNOW	Níe.g. Bachel	lor of Arts in Accounting, we	lding certific	cate, police officer	eic.)		
<u> </u> 							•			,,		
		_	<u> </u>									
NOTE: It will help V	A process your	claim if v			IV - SERV	ICE INFO	DRIVATION					
 DD Form 214 	(Member 4) for I, Notice of Bas	all perio ic Eligibil	ds of active ity (NOBE)	duty s	ervice (excludii	ng active du r 1606	uty for training)					
11. ARE YOU NOW OF	N ACTIVE DUTY	(Do not c	heck "Yes" if y	ou are c	currently on drillin	g status in the	the Selected Reserve, or if y	vu -				
YES NO	•											
12. ARE YOU NOW OF	V TERMINAL LEA	VE JUST	BEFORE DI	SCHAR	RGE?	-	·					
YES NO	(Please provi	de a copy	of your DD	Form 2	214 (Member 4)	when issued))					
-	13.1	PLEASE	COMPLET	E THE	FOLLOWING	FOR EACH	PERIOD OF MILITAI	RY SERVI	CE			
A. DATE ENTERED	8. DATE SEPA	RATED	C. SERVIC USAF.	E COM USAR, A	IPONENT (USN, IRNG, ETC.)	D. SERV	NCE STATUS (Active duty ling reservist, IRR, etc.)	E. WEF	RE YOU INVOLU CTIVE DUTY FO	JNTARILY R THIS P	Y CALI PERIO	LED TO D?
9/26/2000	9/24/20)4		USN	IC (EXAN	PLE)	CTIVE DUTY		Ñ	0		
1/18/2005	8/14/200	7		USM	CR		DRILLING		N/	Α		
8/15/2007	Presen	t		USM	IC .	A	CTIVE DUTY		Ϋ́E	:s		
			<u> </u>				·					
	-											
									•=	P		
A. DID YOU RECEIVE	A HIGH SCHOOL	DIPLOM	A OR HIGH	SCHOO	ION AND E	MPLOYN	MENT INFORMAT	ION	1047500 00			
EQUIVALENCY CEN	RTIFICATE? (If "I	es" provid	e date)	_	j	certific	OU HOLD ANY FAA FLIG cale in Pari IX, Remarks)	ni Çekili	-ICATES? (IJ "Y	us," specify	r each	
YES DATE:	14C EDUC	TION A] NO	00) (1 1 1	YES	NO			·		_
NAME AND LOCA							hip, on-the-job training,		training)	_		
NAME AND LOCA COLLEGE OR C TRAINING PRO	OTHER	FRO	OF TRAIN	NING O	NUMBER ANI HOURS (S Quarter, of	emester.	DEGREE, DIPLOMA OR CERTIFICATE RECEIVED		FIELD OR CO	OURSE (OF ST	Υαυτ
		-	-	<u> </u>	gaurier, or	Cloudy .	KEGEIVED	-				\dashv
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VA FORM 22-1990, DEC 2008

			NUMBER OF APPLICANT				-	
		14D. EMPLOYMENT (Only complete if you held a	license or journeyman rating to prac	tice a profess	ion)			
	EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WOR	KED	LICE	ENSE OF	RAT	ING
	BEFORE MILITARY SERVICE							
	AFTER MILITARY SERVICE				 -			
ŀ	PART \	/I - ENTITLEMENT TO AND USAGE	OF ADDITIONAL TYPES	OF ASSIS	STAN	CE.		
ŀ	BENEFITS? IF "YES," IT WILL SUPPORT YOUR CLAIM (e.g.,	HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT cash collection vaucher, leave and earnings statement(s), re	THE AMOUNT OF YOUR MONTHLY ANY EVIDENCE YOU HAVE TO sceipt voucher, etc.)		YES		NO	
1		KER (sometimes called a "College Fund") BASED ON contributed by DOD to an education fund). If you qualibility on the kicker contract. Reserve kicker contributed in the contributed in t] _	ΈS	Y KICK	ER NO	
Ļ	7 IF VOU OF			' —	KVE NI 'ES	CKER	NO	•
'	RECEIVED YOUR COMMISSION	MILITARY SERVICE ACADEMY, SPECIFY THE YEA	R YOU GRADUATED AND	Graduati		ar	110	
18	WERE YOU COMMISSIONED A SCHOLARSHIP? If you received "Yes," provide the date of your or were in the Senior ROTC prograt	S THE RESULT OF A SENIOR ROTC (Reserve Offic your commission through a non-scholarship program, or maission and the amount of your scholarship for each m. Don't report your monthly subsistence allowance (si	, check "No." If		ES		NO	
	Scholarship Amounts:							
Y	ear:Am	iount:		Date of	Comm	nission		
Υe	əar: Am	ount:						
Ye	ear: Am	ount:						
Ύе	ar: Amo	punt:						
/ea	ar: Amo	unt:						
_		ATING IN A SENIOR ROTC SCHOLARSHIP PROGR PPLIES UNDER SECTION 2107 OF TITLE 10, U.S. C	ODE?	YES	3		10 	
Ç	ONSIDERS AS BEING USED FOR	E DUTY THAT THE DEPARTMENT OF DEFENSE CO , CHECK "YES". SHOW THE PERIOD OF ACTIVE D R THE PURPOSES OF REPAYING THIS EDUCATION	UTY THAT THE MILITARY N LOAN IN PART IX "REMARKS".	YES		N	10	
HE IF	ALTH SERVICE FOR THE COUP YOU RECEIVE SUCH BENEFITS	ONLY: ARE YOU RECEIVING. OR DO YOU ANTICIPA D FEDERAL TUITION ASSISTANCE) FROM THE ARI RSE FOR WHICH YOU HAVE APPLIED TO THE VA I DURING ANY PART OF YOUR TRAINING, CHECK SISTANCE TOP-UP, CHECK NO IN THIS ITEM.	MED FORCES OR PUBLIC	YES			0	
R	OM YOUR AGENCY FOR THE SA	E U.S. GOVERNMENT ONLY: ARE YOU RECEIVING ING, BUT NOT LIMITED TO, THE GOVERNMENT EI AME PERIOD FOR WHICH YOU HAVE APPLIED TO SUCH BENEFITS DURING ANY PART OF YOUR TR	MPLOYEES TRAINING ACT)	YES		□ No	ာ	

VA FORM 22-1990, DEC 2008
PAGE 3 OF 4

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.gibill.ya.gov 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 2, 1978). See instructions.
☐ YES ☐ NO
23. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23. NOT MARRIED AND ATTENDING SCHOOL, OR OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?
THES NO
24. 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
Did you remember to
Write your social security number on each page?
Write your complete mailing address?
 Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?
IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW
PART X - CERTIFICATION AND SIGNATURE OF APPLICANT
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 nat I have consulted with an Education Service Officer (ESO) regarding my education program.
ENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the infeiture of these or other benefits and in criminal penalties.
A. SIGNATURE OF APPLICANT (<u>DO NOT PRINT</u>) 25B. DATE SIGNED

VA FORM 22-1990, DEC 2008