OMB Approved No. 2900-0098 Respondent Burden: 45 minutes Expiration Date: 10/31/2021

Department of Veterans Affairs

VA DATE STAMP

(For VA Use Only)

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.benefits.va.gov/gibill.					
Request to Op	pt-Out of Information Sharing With Educational Insti	tutions			
By checking the box, I CERTIFY THAT THE DEPAR	RTMENT OF VETERANS AFFAIRS (VA) does not have my punderstand that sharing my information with my school is inte	permission to share information about my veterans'			
	PART I - APPLICANT INFORMATION				
1. SOCIAL SECURITY NUMBER	2. SEX OF APPLICANT MALE FEMALE 3. DATE OF BIRTH				
4. NAME (First name, middle initial, last name)					
5. CURRENT MAILING ADDRESS (Number and street or n	rural route, city or P.O., State and ZIP Code)				
	6. TELEPHONE NUMBER(S) (Including Area Code)				
PRIMARY	SECONDARY				
7. E-MAIL ADDRESS	<u>I</u>				
•	rsonal check or provide the following information. See instru	· · · · · · · · · · · · · · · · · · ·			
ROUTING OR TRANSIT NUMBER	ACCOUNT TYPE	ACCOUNT NUMBER			
	CHECKING SAVINGS				
	TELEPHONE NUMBER OF SOMEONE WHO WILL ALWA				
A. NAME B. A	ADDRESS	C. TELEPHONE NUMBER (Include Area Code)			
PART	Γ II - QUALIFYING INDIVIDUAL INFORMATION				
10. NAME OF QUALIFYING INDIVIDUAL (PARENT OR SE	POUSE) ON WHOSE ACCOUNT BENEFITS ARE BEING CLAI	MED (First name, middle initial, last name)			
11. SOCIAL SECURITY NUMBER OR VA FILE NUMBER	12. BRANCH OF SERVICE	13. DATE OF BIRTH			
14A. DID PARENT OR SPOUSE DIE WHILE SERVING ON	N ACTIVE DUTY? 14B. DATE OF DEATH				
YES NO (If "Yes," is checked complete (If "No," is checked then you do not qualify for the Fry Scholarship)					
15. IS QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON ACTIVE DUTY?					
YES NO					
16. 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					
17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL (Check only one)					
SPOUSE/SURVIVING SPOUSE (Please complete only Section I on page 2, and then proceed to Part V) CHILD/STEPCHILD/ADOPTED CHILD (Please complete only Section II on page 2, and then proceed to Part V)					
SECTION I - SPOUSE/SURVIVING SPOUSE					
18. IS A DIVORCE OR ANNULMENT PENDING TO THE QUALIFYING INDIVIDUAL?	19. IF YOU ARE THE SURVIVING SPOUSE, HAVE Y	OU REMARRIED?			
☐ YES ☐ NO	YES NO (If "Yes," please provide do	ate of remarriage)			

SECTION I - SPOUSE/SURVIVING SPOUSE (Continued)					
20. SPOUSE/SURVIVING SPOUSE SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW:					
PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 5, ITEM 20 BEFORE SELECTING BOX "A" OR "B" BELOW REGARDING THE BENEFIT YOU ARE APPLYING FOR. THE INFORMATION AND INSTRUCTIONS ON PAGE 5 ALSO 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.					
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. AS A SURVIVING SPOUSE BASED ON LINE OF DUTY DEATH AFTER SEPTEMBER 10, 2001, I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP BENEFITS.					
NOTE - BY CHECKING THIS BOX THIS ELECTION IS <i>IRREVOCABL</i>	I ACKNOWLEDGE THAT I UNDERSTAND E AND MAY NOT BE CHANGED.	NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS <i>IRREVOCABLE</i> AND MAY NOT BE CHANGED.			
	SECTION II - CHILD/STEPCH	HILD/ADOPTED CHILD			
21. C	HILD/STEPCHILD/ADOPTED CHILD SELECT THE B	ENEFIT THAT YOU ARE APPLYING FOR BELOW:			
IMPORTANT ▶	OR "B" BELOW REGARDING THE BENEFIT YO	N AND INSTRUCTIONS ON PAGE 6, ITEM 21 BEFORE SELECTING BOX "A" J ARE APPLYING FOR. THE INFORMATION AND INSTRUCTIONS ON PAGE 5 RE YOU WILL BE ABLE TO COMPARE "DEA" AND "FRY" BENEFITS. YOU D INFORMATION THERE.			
A. I AM APPLYING FOI	R CHAPTER 35 - DEA BENEFITS.	B. I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP BENEFITS.			
NOTE - BY CHECKING THIS BOX I THIS ELECTION IS <i>IRREVOCABLE</i>	ACKNOWLEDGE THAT I UNDERSTAND AND MAY NOT BE CHANGED.	NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS <i>IRREVOCABLE</i> 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		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 6, ITEM 22 BEFORE COMPLETING THE ELECTION BOX BELOW. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.					
	ID THE EFFECTS THAT THIS ELECTION TO RECEI BENEFITS (<i>Please read Information and Instruction)</i>	VE DEA OR FRY SCHOLARSHIP BENEFITS WILL HAVE ON MY ELIGIBILITY ons Page 6 for additional information)			
P.	ART IV - BENEFIT AND TYPE OF EDUC	ATION OR TRAINING INFORMATION			
23A. DATE YOU WILL BEGIN SO	CHOOL OR TRAINING (MM/DD/YYYY)				
23B. TYPE OF EDUCATION OR	TRAINING (Check ONE box)				
COLLEGE OR OTHER SCHOOL					
FARM COOPERATIVE					
LICENSING OR CERTIFICATION TEST					
APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING					
NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT					
CORRESPONDENCE COURSE					
FLIGHT TRAINING (Fry Scholarship only)					
23C. [DEA ONLY] DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL RESTORATIVE TRAINING? (See Information and Instructions, Page 6, for details regarding restorative training) 23D. [DEA ONLY] DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL VOCATIONAL TRAINING? (See Information and Instructions, Page 6, for details regarding special vocational training)					
YES					
□ NO		□ NO			

SOCIAL SECURITY NUMBER OF APPLICANT

24. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY (Number and street or rural route, city or P.O., State and ZIP Code)							
25. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer)							
26. WOULD YO vocational and	OU LIKE TO RECEIVE VOCA educational counseling) NO	ATIONAL AND EDUCAT	FIONAL COUNS	ELING? (See Information	and Instructions, Ite	m 26 for m	nore information regarding
		PA	RT V - APPI	LICATION HISTORY	•		
27. PRIOR TO	THIS APPLICATION, HAVE	YOU EVER APPLIED	FOR OR RECEI	VED ANY OF THE FOLLO	WING VA BENEFITS	? (Check o	all appropriate boxes)
A. DISA	ABILITY COMPENSATION (OR PENSION					
B. DEF	PENDENTS' INDEMNITY CO	OMPENSATION (DIC)					
C. VO	CATIONAL REHABILITATIO	N BENEFITS (Chapter	31)				
	ERANS EDUCATION ASSISTEDANA ASSIST						
	ERANS EDUCATION ASSISTED BY CHECK BENEFIT(S) BY CHECK				ND 29		
	TRANSFERRED ENTI						
	\sqsubseteq			ONAL ASSISTANCE PROC	, ,		
	CHAPTER 33 - POST-	9/11 GI BILL MARINE (GUNNERY SER	GEANT DAVID FRY SCHO	DLARSHIP		
F. NON	lE .						
	ER (Specify benefit(s):						
	T: Complete Items 28 and 2 NDIVIDUAL ON WHOSE AC				2 Last)		
ZO. IVAIVIL OI	INDIVIDUAL ON WHOSE AC	SCOOM TOOT KEVIC	OOLI OLAIMLI	DENETITO (First, Middle	e, Lusty		
29. SOCIAL SE	ECURITY NUMBER OF INDI	IVIDUAL ON WHOSE A	CCOUNT YOU	PREVIOUSLY CLAIMED B	ENEFITS		
PART VI - APPLICANT'S MILITARY SERVICE INFORMATION (NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)							
l — ,	J EVER SERVED ON ACTIV	E DUTY IN THE ARME	D FORCES? (I)	"No," skip to Part VII)			
YES [NO 31 INFORMATION A	BOLIT YOUR PERIO	D(S) OF ACT	IVE DUTY (If you need	additional space us	se Item 3	7 Remarks)
	TERED ACTIVE DUTY	B. DATE SEPARA	` '	C. BRANCH OF SER\	·		RACTER OF DISCHARGE
A. DATE EN	TERED ACTIVE DOTT	FROM ACTIVE D	DUTY	RESERVE OR GUARD CO	OMPONENT	D. CHA	RACTER OF DISCHARGE
		PART VII - ED	DUCATION,	FRAINING AND EMP	PLOYMENT		
00 011501/ 711	E ADDDODDIATE DOV AND	S ENTER THE RATE IN		EDUCATION & TRAIN	ING		
	E APPROPRIATE BOX AND JATED FROM HIGH SCHOO			D HIGH SCHOOL	NEVER ATTENDED	33. DA	TE
			AWARDED GE		HIGH SCHOOL		
34B NAME AND LOCATION 34C DATES OF TRAINING 34D NUMBER OF 34F DEGREE DIPLOMA							
34A. TYPE OF SCHOOL	OF SCHOOL	FROM	то	SEMESTER, QUARTER, CLOCK HOURS COMPLE	OR CERTIF	ICATE	34F. MAJOR FIELD OR COURSE OF STUDY
	(City and State)	1110111	10	OLOGICI IOGICO GOMII EL	RECEIVI		
HIGH SCHOOL							
0011505							
COLLEGE							
VOCATIONAL							
OR TRADE							
OTHER (Specify)							
(Specify)							

PART VII - EDUCATION, TRAINING AND EMPLOYMENT (Continued)					
SECTION II - EMPLOYMENT					
35. CURRENT AND PAST EMPLOYMENT					
A. EMPLOYER	B. JOB TITLE	C. NUMBER OF MONTHS EMPLOYED	D. LICENSE OR RATING		
NOTE: Complete Items 36A and 36B <i>only</i> 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? (If "Yes," complete Item 36B) YES NO					
PART VIII	- REMARKS, REMINDERS AND V	A EDUCATION BENEFITS	PAMPHLET		
	SECTION I - R	EMARKS			
31. NEMPANOS (IJ more space is needed, pr	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 - RI	EMINDERS			
• 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.benefits.va.gov/gibill. IF YOU WOULD LIKE A COPY OF THE					
VA EDUCATION BENEFITS PAMPHLE	PART IX - CERTIFICATION AND	SIGNATURE OF APPLICAN	т		
I CERTIFY THAT all statements in	my application are true and correct to the	ne best of my knowledge and be	lief.		
39A. SIGNATURE OF APPLICANT (DO NO	OT PRINT)		39B. DATE SIGNED		
SIGN HERE ► IN INK PENALTY: Willfully false statements as t	o a material fact in a claim for education ben	efits is a nunishable offense and ma	v result in the forfeiture of these or other		
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 X - SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN (This section must be completed by the parent, guardian, or custodian if the applicant is a minor)					
40. NAME OF PARENT, GUARDIAN, OR C	USTODIAN (First, Middle Initial, Last) (Type or p	orint)			
41. MAILING ADDRESS OF PARENT, GUA	RDIAN, OR CUSTODIAN				
Number and Street					
		Apt./Unit Number			
City, State, ZIP Code					
42A. TELEPHONE NUMBER(S) OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code)					
Primary: Secondary: Secondary: 42B. E-MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (If applicable)					
	in the second of				
43A. SIGNATURE OF: (Check one)	SIGN HERE ▶		43B. DATE SIGNED		
PARENT GUARDIAN C	IN INK USTODIAN <i>(DO NOT PRINT)</i>				

(Please retain these Information and Instructions Pages for future reference)

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, 1606, or 1607) or vocational rehabilitation benefits (chapter 31). To apply for veterans' education assistance based on your own service, use VA Form 22-1990. To apply for vocational rehabilitation benefits, use VA Form 28-1900. VA forms are available at www.va.gov/vaforms.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at www.benefits.va.gov/gibill. Click on "GI Bill: Apply for Benefits."

NOTE: The numbers on these Information and Instructions 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, deposit slip, or 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. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

ITEM 16. 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 warrant. Any benefits paid to you for such period will result in an overpayment and be subject to collection.

ITEM 17. 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 20. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 20A OR 20B REGARDING THE BENEFIT YOU ARE APPLYING FOR.

- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the surviving spouse of an individual who died in the line of duty while serving on active duty as a member of the Armed Forces after September 10, 2001.
- 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 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 person is likely to be discharged or released from such service for such disability.

NOTE: If you are eligible for both Chapter 35 Survivors' and Dependents' Educational Assistance Program (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; 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 10 of this application.

IMPORTANT: You cannot retain eligibility for both programs simultaneously. Therefore, 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: 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.benefits.va.gov/gibill/docs/factsheets/fry_scholarship.pdf. 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.

INFORMATION AND INSTRUCTIONS (Continued)

ITEM 21. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 21A OR 21B REGARDING THE BENEFIT YOU ARE APPLYING FOR.

- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the dependent child of an individual who died in the line of duty while serving on active duty as a member of the Armed Forces after September 10, 2001.
- 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 person is likely to be discharged or released from such service for such disability.

PARENT'S DEATH PRIOR TO AUGUST 1, 2011 -

 The election you choose in Item 21 does not eliminate your eligibility for the alternate education benefit (either Survivor's and Dependents' Educational Assistance (DEA) and the Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (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 21 *does* eliminate your eligibility for the alternate education benefit (either Survivors' and Dependents' Educational Assistance Program (DEA) and the Chapter 33 Post-9/11 GI Bill Marine Sergeant John David Fry Scholarship (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 21, 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.benefits.va.gov/gibill/docs/factsheets/fry_scholarship.pdf. 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 22. 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 years old, 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 or Fry Scholarship benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision.

ITEM 23B. Types of education or training programs are self-explanatory, except for the following:

"Licensing or Certification Test" - A "licensing test" is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A "certification test" is a test designed to provide affirmation of an individual's qualifications in a specific occupation.

"National Admission Exams or National Exams for Credit" - You may be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

"Correspondence Course" - You may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, you can go to the VA website at: https://www.benefits.va.gov/gibill/correspondence_training.asp.

"Flight Training" - You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

ITEMS 23C AND 23D - Any individual eligible under the Survivors' and Dependents' Educational Assistance 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.

ITEM 26 - 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 and 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 1-888-GIBILL-1 (1-888-442-4551) or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

HOW TO FILE YOUR CLAIM

You may complete and submit your application online at www.benefits.va.gov/qibill or be sure to do the following:

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

- **Step 1:** Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See page 8 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 enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.
- 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:** Mail the completed application to the VA Regional Processing Office for the region of your home address. Check page 8 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.

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 individual is entitled. However, you may elect to "opt-out" of these disclosures and have VA withhold this information instead.

ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application or you want information about the work-study program, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551). 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 from our education Internet site at www.benefits.va.gov/gibill.

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".

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616 SERVES THE FOLLOWING STATES				
CT	DE	DC	MA	
MD	ME	NC	NH	
NJ	NY	PA	RI	
VA	VT	US Virgin Islands	Foreign Schools	
APO/FPO AA				

Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888 SERVES THE FOLLOWING STATES					
AK	AL	L AR AZ			
CA	FL	GA	HI		
ID	LA	MS	NM		
NV	OK	OR	PR		
SC	TX	UT	WA		
Guam	Philippines	APO/FPO AP			

Central Region: VA Regional Office P. O. Box 32432 St. Louis, MO 63132-0832 SERVES THE FOLLOWING STATES				
СО	IA	IL	IN	
KS	KY	MI	MN	
МО	MT	NE	ND	
ОН	SD	TN	WV	
WI	WY			

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 Vocational Rehabilitation 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: We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.