OMB Approved No. 2900-0098
Respondent Burden: 45 minutes

Department of Veterans Affairs

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

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER	2. SEX OF APPLICANT	3. DATE OF BIRTH
	☐ MALE ☐ FEMALE	

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 ☐ CHECKING ☐ 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?
		☐ YES ☐ NO

16. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL

☐ SPOUSE ☐ SURVIVING SPOUSE ☐ CHILD ☐ STEPCHILD ☐ ADOPTED CHILD

17. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT?

☐ YES ☐ NO

PART III - BENEFIT AND TYPE OF EDUCATION OR TRAINING

18A. TYPE OF BENEFIT

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

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

18B. TYPE OF TRAINING

☐ 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 *(DEA Children not eligible)*

☐ FLIGHT TRAINING *(Fry Scholarship only)*

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)*

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

☐ GRADUATED FROM HIGH SCHOOL
☐ DISCONTINUED HIGH SCHOOL
☐ EXPECT TO GRADUATE FROM HIGH SCHOOL
☐ AWARDED GED
☐ NEVER ATTENDED HIGH SCHOOL

33. DATE

34A. TYPE OF SCHOOL	34B. NAME AND LOCATION OF SCHOOL *(City and State)*	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 *(Specify)* _____ _____ _____						

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? *(If "Yes," complete Item 36B)*

☐ YES ☐ NO

36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

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 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 ***(DO NOT PRINT)***

SIGN HERE IN INK ▶

39B. DATE SIGNED

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.

(Please detach at perforation and retain this information for future reference)

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-5490)

Use this form to apply for educational assistance under the following benefit programs:

- Survivors' and Dependents' Educational Assistance Program (DEA) (chapter 35 of title 38, U.S. Code)
- Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) (chapter 33 of title 38, U.S. Code)

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.

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

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.

NOTE: The number on the instructions match the item numbers on this application. Items not mentioned are self-explanatory.

ITEM 17. 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 18.
18A. Select the benefit for which you are applying.
To qualify for Survivors' and Dependents' Educational Assistance (DEA) you must be either -

(1) The spouse or child of a veteran who is permanently and totally disabled as a result of a service-connected disability.
(2) The spouse or child of an individual on active duty who has been listed as missing in action, captured in line of duty by hostile force, forcibly detained or interned in line of duty by hostile force, or forcibly detained or interned in line of duty by foreign government or power for more than 90 days.
(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.
(4) The spouse or 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 serviceperson is likely to be discharged or released from such service for such disability.

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.

18B. To qualify for the Fry Scholarship, you must be the child of an individual who after September 10, 2001, died in the line of duty while serving on active duty as a member of the Armed Forces.

18A. & 18B. 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 Exam or National Exam for Credit." Individuals eligible to receive benefits under the Survivors' and Dependents' Educational Assistance program may be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

"Correspondence." Only spouses and surviving spouses eligible for the Survivors' and Dependents' Educational Assistance program 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, please visit our website at www.gibill.va.gov.

"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.

INFORMATION AND INSTRUCTIONS (Continued)

ITEMS 23 and 24. 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. Your election to receive Survivors' and Dependents' Educational Assistance (DEA) is final and cannot be changed. This means that payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) will be terminated upon issuance of a DEA benefit payment. If you are planning to pursue a program of education for more than 45 months, you should consider deferring receipt of DEA benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision. If you decide to elect benefits under DEA, indicate the date from which you wish your DEA payments to begin.

HOW TO FILE YOUR CLAIM

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 reverse for the addresses of these 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 next page for the post office box address for these offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application or you want information about our 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.gibill.va.gov.

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

Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022			
SERVES THE FOLLOWING STATES			
FL	GA	NC	SC
PR	US Virgin Islands	APO/FPO AA	

Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830			
SERVES THE FOLLOWING STATES			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

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

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.