OMB Approved No. 2900-0209 Respondent Burden: 15 minutes

	PPLICATION FO	OR WORL	K-STUDY ALL	OWANCE	
			ION INFORMATION		
NAME OF APPLICANT (First, Middle, Last)		INTII IOATI	ON IN ORMATIC	JIV	
	THE RESERVE THE PARTY OF THE PA				
t. MAILING ADDRESS OF APPLICANT (Number, and street or rural route, ci. P.O., State and 9 digit ZIP Code)			or 3A. VA FILE NUMBER (For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator. For dependent's transfer of entitlement cases, enter the file number of the person who transferred entitlement to you)		
			3B. SOCIAL SECURITY	NUMBER (If not she	own in Item 3A)
			3D. SEX OF APPLICAN	Т	
C. DATE OF BIRTH OF APPLICANT (Month, Day, Year)			MALE FEMALE		
The second secon			4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU		
A. TELEPHONE NUMBER (Include Area Cod	de)		DAYTIME	[E	EVENING
EDUCATION BENEFIT RECEIVING CHAPTER 30 (Montgomery GI Bill - Ac CHAPTER 31 (Vocational Rehabilitatio CHAPTER 32 (Veterans Educational As	CHAPTER 35 (I	33 (Post- 9/11 GI Bill) 35 (Dependents Educational Assistance) 606 (Montgomery GI Bill - Selected Reserve) 607 (Reserve Educational Assistance Program) TRANSFER OF ENTITLEMEN PROGRAM (Parent or Spouse entitled to benefits)			
A. NAME AND COMPLETE ADDRESS OF SO		- SCHOOL	INFORMATION		
7. CURRENT ENROLLMENT INFORMATION			8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND		
A. BEGINNING DATE (Month, Day, Year)	B. ENDING DATE (Month, Day, Year)		A. BEGINNING DATE (Month, Day, Year)		B. ENDING DATE (Month, Day, Year)
	PART III - V	WORK STU	JDY INFORMATION	ON	
B. ADVANCE PAYMENT - DO YOU WANT AN					er "How Much Can I Earn?")
□ YES □ NO					
L YES NO 10. HAVE YOU EVER PARTICIPATED IN THE PROGRAM BEFORE? (If "YES," please s.	11. WORK SITE PREFERENCE (Tell us the school, VA facility or other government facility where you would prefer to do VA related work. Be specific as many facilities have the same name or perform the same services in different locations or cities.)				
		1		PS DURING THE W	EEK YOU ARE AVAILABLE TO WOR
YES NO	ohe vou had hefgre.	13 SPECIE	V THE DAYS AND HOU		LLN 100 MIL MYMILMOLL 10 1. C.
YES NO 2. WORK EXPERIENCE (Tell us about the jouther than VA work-study jobs. Please be	obs you had before, ? as specific as possible.				VAII ABLE (From & To)
YES NO	ONE" in this space. If	13. SPECIF	DAYS MONDAY		VAILABLE (From & To)
YES NO 2. WORK EXPERIENCE (Tell us about the jother than VA work-study jobs. Please be Il'you have no work experience, place "N	ONE" in this space. If		DAYS		VAILABLE (From & To)
YES NO 2. WORK EXPERIENCE (Tell us about the jother than VA work-study jobs. Please be If you have no work experience, place "N	ONE" in this space. If	(X)	DAYS MONDAY		VAILABLE (From & To)
YES NO 2. WORK EXPERIENCE (Tell us about the jother than VA work-study jobs. Please be If you have no work experience, place "N	ONE" in this space. If	(X)	DAYS MONDAY TUESDAY		VAILABLE (From & To)
YES NO NO NORK EXPERIENCE (Tell us about the journal of the than VA work-study jobs. Please be If you have no work experience, place "Needed, attach a separate sheet with your needed, attach as experience of the work experience."	(ONE" in this space. If r work-history)	(X)	DAYS MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	WHEN A	
YES NO 12. WORK EXPERIENCE (Tell us about the joother than VA work-study jobs. Please be If you have no work experience, place "N	(ONE" in this space. If r work-history)	(X)	DAYS MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY reducation or work exp	WHEN A	

necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is "required to obtain or retain benefits". We cannot pay you any work-study benefits until we receive this information (38 U.S.C. 3485). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for VA work-study benefits. Title 38 United States Code allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the 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 www.reginfo.gov/public/do/PRASearch. 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 information collection.