

Department of Veterans Affairs		1. VA FILE NUMBER <i>(If known)</i>		
APPLICATION FOR EDUCATIONAL ASSISTANCE TEST PROGRAM BENEFITS <i>(Section 901, PL 96-342)</i>		2. VA OFFICE WHERE RECORDS ARE LOCATED <i>(If known)</i>		
PART I - APPLICANT				
IMPORTANT: Before completing this form read the Information and Instructions on the reverse. Type or print answers in ink. If additional space is required, attach separate sheets and key answers to item numbers. If you are on active duty, Part II must be completed by your Commanding Officer (CO.)				
3. NAME OF APPLICANT <i>(First, middle, last)</i>		4. SOCIAL SECURITY NUMBER		
5. MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>		6. DATE OF BIRTH <i>(Month, day, year)</i>	7. TELEPHONE NO. <i>(Include Area Code)</i>	
8. VA BENEFITS PREVIOUSLY APPLIED FOR				
<input type="checkbox"/> A. EDUCATION OR TRAINING BASED ON YOUR OWN MILITARY SERVICE <i>(38 U.S.C. Chapter 30, 31, 32, 34 or 10 U.S.C. Chapter 1606, formerly Chapter 106)</i>				
<input type="checkbox"/> B. SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE <i>(38 U.S.C. Chapter 35)(If checked, complete Items 8F and 8G below.)</i>				
<input type="checkbox"/> C. DISABILITY COMPENSATION OR PENSION <input type="checkbox"/> D. NONE <input type="checkbox"/> E. OTHER <i>(Specify)</i>				
COMPLETE ONLY IF BOX 8B IS CHECKED		F. NAME OF PARENT	G. PARENT'S FILE NUMBER	
9. DID YOU RECEIVE AN INFORMATION PAMPHLET ENTITLED "SUMMARY OF BENEFITS THE EDUCATIONAL ASSISTANCE TEST PROGRAM" FOR SECTION 901 OF PUBLIC LAW 96-342?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. SERVICE INFORMATION				
NOTE: Attach Copy 4 (or any other available copy) of your DD Form 214 for each completed period of active military service. Complete Items 10A through 10E for any period for which you cannot attach a DD Form 214. In all instances, you MUST COMPLETE ITEM 10F. <i>(See instruction number 4 on reverse.)</i>				
DATE ENTERED ACTIVE DUTY A.	DATE SEPARATED FROM ACTIVE DUTY B.	TYPE OF SEPARATION OR DISCHARGE C.	BRANCH OF SERVICE D.	GRADE OR RANK E.
PRESENT MILITARY STATUS	F. ARE YOU NOW ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 10G and have you CO complete Part II)</i>		G. BRANCH OF SERVICE	
11. PROGRAM OF EDUCATION AND ENROLLMENT INFORMATION				
A. WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM FOR WHICH YOU ARE APPLYING? <i>(Highest degree or occupation)</i>		B. DESCRIBE THE COURSE YOU WILL BE TAKING <i>(List each degree or vocational course)</i>		
C. DATE YOUR PROGRAM WILL BEGIN <i>(Month, day, year)</i>		D. NAME AND MAILING ADDRESS OF SCHOOL <i>(Include ZIP Code)</i>		
12. REMARKS				
I HEREBY CERTIFY THAT all statements made herein are true and complete to the best of my knowledge and belief, and I herewith apply for a program of education under EATP (Educational Assistance Test Program.)				
13A. SIGNATURE OF APPLICANT (DO NOT PRINT) <i>SIGN HER IN </i> <i>INK</i>			13B. 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.				
PART II - CO'S CERTIFICATION OF SERVICE FOR INDIVIDUALS ON ACTIVE DUTY				
I CERTIFY THAT the records of this individual, who is under my command, are correct, and I verify the accuracy and completeness of the service and type of discharge or separation shown in Item 10.				
14A. SIGNATURE OF CO OR DESIGNEE		14B. UNIT	14C. DATE	

INSTRUCTIONS AND INFORMATION

1. GENERAL INFORMATION: To apply for EATP (Educational Assistance Test Program) benefits, read these instructions and complete the entire form. If you need help in completing this form, call us toll-free at **1-888-GI-BILL1 (1-888-442-4551)**. If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also contact us on the Internet at "<http://www.gibill.va.gov>." To obtain information on other forms of assistance, contact the financial aid office at your school.

2. WHERE SHOULD YOU SEND THIS FORM? After you have completed the form, mail it to:

VA REGIONAL OFFICE
701 Clay Ave.
WACO, TX 76799

The Waco Regional Office handles all EATP applications.

3. ENROLLMENT CERTIFICATION: Have the Certifying Official at your school complete, sign and date a VA Form 22-1999, Enrollment Certification, after your classes start. (He or she should only certify one term, quarter or semester at a time.) The Certifying Official should mail the completed enrollment certification to the Waco Regional Office at the above address. Your school should not use the electronic means of sending this enrollment information.

4. VERIFICATION OF SERVICE: If you are now on active duty, have your Commanding Officer complete Item 14. If you are no longer on active duty, send us a copy of your Discharge Certificate, DD214, for each period of your active duty. Each DD214 must show the reason for separation and the character of discharge (honorable, general under honorable conditions, etc.). **If you do not have your DD Form 214 discharge certificates, send us copies of any other discharge papers you have for each period of your active duty.**

5. ELIGIBILITY: You may be eligible for EATP if you meet the following requirements.

- You entered on active duty after September 30, 1980, and before October 1, 1981. (If you signed a delayed entry contract during that period, you may be eligible if you entered active duty before October 1, 1982.)
- You completed two years of this enlistment or reenlistment, unless you were discharged for disability or hardship, or received an early-out discharge within 90 days of the expiration of your enlistment or reenlistment.
- If you are a veteran, your discharge for this period of service must have been under honorable conditions.
- You met DOD eligibility requirements for EATP at the time you entered service.

6. ENTITLEMENT: You will get one academic year (9 months) of EATP benefits for each year (12 months) of active service. You can get a maximum of four academic years (36 months.) VA will not pay you for more than 36 months of training under EATP.

7. PAYMENTS: Veterans and servicepersons can get assistance allowance. Veterans can also get subsistence allowance. Assistance is paid once a term, quarter or semester to cover the cost of tuition, fees, books and other course related materials. Subsistence is paid once a month based on the rate of your training (i.e., full-time training, part-time training.)

8. ENDING DATE OF ELIGIBILITY: Your period of eligibility ends 10 years after your retirement or last discharge or separation from active duty. VA will not pay you after that date.

9. RESTRICTIONS: You cannot get an advance payment of EATP benefits. Additionally, VA may not pay for the following courses:

- Courses below post-secondary level.
- Courses offered by non-accredited institutions or institutions outside the United States, Puerto Rico, Guam, or the U.S. Virgin Islands.
- Courses that do not require class attendance at the institution (e.g., correspondence courses, independent study courses, distance education, e-learning.)

10. SCHOOLS: VA will pay only for training at accredited schools. Accredited schools include colleges and universities, and trade, technical and vocational schools in the United States, Puerto Rico, Guam and the U.S. Virgin Islands. **TRAINING AT TRADE, TECHNICAL AND VOCATIONAL SCHOOLS MUST BE AT THE POST-SECONDARY LEVEL.**

11. CHANGES IN YOUR ENROLLMENT: You are responsible for reporting all changes in your enrollment. You should notify your school and the Waco Regional Office. If you do not report changes and receive more payments than you are entitled to receive, VA considers you as being overpaid; you will have to pay back any overpayment amount.

12. CHANGE IN YOUR ADDRESS: You should notify the Waco Regional Office of any change in your address. Please include your nine digit ZIP Code.

13. TRANSFER OF ENTITLEMENT TO DEPENDENTS: If you reenlist after completing the period of service that qualifies you for EATP, you may transfer all or part of your entitlement to you dependent spouse or child. If you transfer entitlement to a dependent, the dependent is entitled to the same amount of benefits that you would normally receive. Once you elect to transfer entitlement, you may change your decision and VA will stop paying your dependent.

PRIVACY ACT INFORMATION: No benefits may be paid unless this form is completed and filed as required by existing law and regulations (10 U.S.C. 2149.) We will use the information requested on this form to determine your eligibility for EATP benefits. Your answers on the form are considered confidential (38 U.S.C. 4701.) They may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call **1-888-442-4551** for mailing information on where to send your comments.