



APPLICATION FOR WORK-STUDY ALLOWANCE

(Under Chapters 30,31,32, or 35, Title 38, U.S.C.; Chapters 1606 and 1607, Title 10.; and section 903 of Public Law 96-342)

PART I - IDENTIFICATION INFORMATION

1. NAME OF APPLICANT (First, Middle, Last)		
2. MAILING ADDRESS OF APPLICANT (Number, and street or rural route, city or P.O., State and 9 digit ZIP Code)	3A. VA FILE NUMBER (For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator. For chapter 30 dependent's transfer cases, enter the file number of the person who transferred entitlement to you)	
	3B. SOCIAL SECURITY NUMBER (If not shown in Item 3A)	
	3D. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3C. DATE OF BIRTH OF APPLICANT (Month, Day, Year)	4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU	
4A. TELEPHONE NUMBER (Include Area Code)	DAYTIME	EVENING
5. EDUCATION BENEFIT RECEIVING		
<input type="checkbox"/> CHAPTER 30 (Montgomery GI Bill - Active Duty) <input type="checkbox"/> CHAPTER 35 (Dependents Educational Assistance) <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM (Parent or Spouse Entitled to Chapter 30 Benefits)		
<input type="checkbox"/> CHAPTER 31 (Vocational Rehabilitation) <input type="checkbox"/> CHAPTER 1606 (Montgomery GI Bill - Selected Reserve)		
<input type="checkbox"/> CHAPTER 32 (Veterans Educational Assistance Program) <input type="checkbox"/> CHAPTER 1607 (Reserve Educational Assistance Program)		

PART II - SCHOOL INFORMATION

6A. NAME AND COMPLETE ADDRESS OF SCHOOL		6B. CURRENT ACADEMIC OR TRAINING PROGRAM	
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 - WORK STUDY INFORMATION

9. ADVANCE PAYMENT - DO YOU WANT AN ADVANCE PAYMENT? (See instructions for information on advance payment on reverse under "How Much Can I Earn?") <input type="checkbox"/> YES <input type="checkbox"/> NO				
10. HAVE YOU EVER PARTICIPATED IN THE VA WORK-STUDY PROGRAM BEFORE? (If "YES," please state where you worked) <input type="checkbox"/> YES <input type="checkbox"/> NO		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.)		
12. WORK EXPERIENCE (Tell us about the jobs you had before, other than VA work-study jobs. Please be as specific as possible. If you have no work experience, place "NONE" in this space. If needed, attach a separate sheet with your work-history)		13. SPECIFY THE DAYS AND HOURS DURING THE WEEK YOU ARE AVAILABLE TO WORK		
		(X)	DAYS	WHEN AVAILABLE (From & To)
			MONDAY	
			TUESDAY	
			WEDNESDAY	
	THURSDAY			
	FRIDAY			
14. QUALIFICATIONS (Tell us about any special qualifications you have based on your education or work experience. Include any experience in information technology. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)				
15. SIGNATURE OF APPLICANT (Do not print)			16. DATE SIGNED	

PRIVACY ACT INFORMATION: VA will not disclose information collected by this information collection to any source other than what has been authorized by the Privacy Act of 1974 or Title 38 Code of Federal Regulations 1.526 for routine uses as identified in VA's system of records, 58 VA 21/22, Compensation, Pension, Education and Rehabilitation Records - VA as published in the Federal Register at http://www.va.gov/privacy/system_of_records/58va21.asp. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.htm#VA. 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.

STUDENT WORK-STUDY ALLOWANCE PROGRAM

WHO IS ELIGIBLE?

You are, if you're training full-time or 3/4-time in a college degree, vocational, or professional program. A work-study allowance is available under most education programs.

HOW MUCH CAN I EARN?

You can earn the federal minimum wage or your State minimum wage, whichever is greater.

The total hours you can work cannot be more than 25 times the number of weeks in your enrollment period.

If you elect to receive an advance payment, VA will make your first payment in advance of your work, for the lesser of (1) 40 percent of the total number of your work-study hours or (2) 50 hours. You can only receive one advance payment per contract (original contract and all extensions of that contract). Subsequent payments are made after you work 50 hours. (If you elect to not receive an advance payment, VA will pay you for those hours after you work them.) The final payment is for the lesser of (1) 50 hours or (2) the hours remaining on your contract.

WHAT TYPE OF WORK MAY I DO?

You may do the following types of VA-related work:

- VA paperwork at schools or VA offices;
- Outreach services under VA supervision or supervision furnished by a State approving agency employee;
- Work at VA medical facilities or National Cemetery System Offices; OR
- Work at Department of Defense facilities related to education benefits under the GI Bill-Selected Reserve.
NOTE: Only claimants receiving Montgomery GI Bill-Selected Reserve (chapter 1606) benefits can do this type of work.
- Work assisting the care of veterans in a State home receiving VA per diem assistance;
- Work at VA medical facilities; OR
- Work assisting the administration of a National Cemetery system or a State veterans' cemetery.

Official Business
Penalty for Private Use \$300

Department of Veterans Affairs



Department of
Veterans Affairs

Student Work-Study Allowance Program



Veterans Benefits
Administration

HOW DO I APPLY?

Complete the form on the other side of this page, and mail it to the VA Regional Processing Office that handles your education claim. For information, send us an mail by going to www.gibill.va.gov or by calling VA at 1-888-442-1455). If you're hearing impaired, call us at 1-800-829-4833.