

APPLICATION FOR WORK-STUDY ALLOWANCE

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) (Include your email address to receive electronic student payment letters)	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 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)	4A. EMAIL ADDRESS (If applicable)
4. TELEPHONE NUMBERS (Include Area Code Home/Cell)	
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"/> CHAPTER 31 (Veteran Readiness and Employment) <input type="checkbox"/> CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) <input type="checkbox"/> CHAPTER 32 (Veterans Educational Assistance Program) <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM (Parent or Spouse entitled to benefits)	

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	
		If (X)	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. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)			
15. SIGNATURE OF APPLICANT (Sign in ink)(Do no print) By signing this box, I, the applicant, understand that I may not engage in VA Work Study duties until approved by VA.			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 1.576 for routine uses as identified in VA's system of records, 58 VA 21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA as published in the Federal Register at http://www.rms.oit.va.gov/SOR_Records/58VA21_22.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)(j) 0 -1 TdBa_m1,s uian's iation (38 U.5701 348Ayouis informa hevan/orizeain applic

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.

STUDENT WORK-STUDY
ALLOWANCE PROGRAM

Your hourly pay rate will be the greater of:

- (1) The Federal minimum wage; or
- (2) The minimum wage for the State in which you are working.

The total number of hours you can work cannot be more than 25 times the number of



HOW DO I APPLY? Veterans Benefits Administration