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

Department of Veterans	s Affairs					
Į.	APPLICATION	FOR W	ORK-STUDY	ALLOWANCE		
		IDENTIFIC	CATION INFOR	MATION		
1. NAME OF APPLICANT (First, Middle, La.	st)					
2. MAILING ADDRESS OF APPLICANT (Nun P.O., State and 9 digit ZIP Code)	DRESS OF APPLICANT (Number, and street or rural route, city or and 9 digit ZIP Code) IRTH OF APPLICANT (Month, Day, Year) IE NUMBER (Include Area Code) BENEFIT RECEIVING	Be sure to in entitlement o	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 SEC	CURITY NUMBER (If not .	shown in Item 3A)	
				3D. SEX OF APPLICANT		
3C. DATE OF BIRTH OF APPLICANT (Month, Day, Year)				MALE FEMALE		
				4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU		
4A. TELEPHONE NUMBER (Include Area Code)			DAYTIME		EVENING	
5. EDUCATION BENEFIT RECEIVING CHA			33 (<i>Post- 9/11 GI Bil</i> i	1)		
CHAPTER 30 (Montgomery GI Bill - Active Duty)		CHAPTER	CHAPTER 35 (Dependents Educational Assistance) TRANSFER OF ENTITLEMENT			
☐ CHAPTER 31 (Vocational Rehabilitation)		CHAPTER	CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) PROGRAM (Parent or Spouse entitled to benefits)			
☐ CHAPTER 32 (Veterans Educational Assistance Program) ☐		CHAPTER	CHAPTER 1607 (Reserve Educational Assistance Program)			
	PART	II - SCHO	OL INFORMAT	TION		
6A. NAME AND COMPLETE ADDRESS OF	SCHOOL		6B. CURRENT	ACADEMIC OR TRAININ	IG PROGRAM	
7. CURRENT ENROLLMENT INFORMATION			8.	8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND		
ļ			A. BEGINNING	B DATE	B. ENDING DATE	
(Month, Day, Year)	I		(Month, Da		(Month, Day, Year)	
	PART III	- WORK S	STUDY INFORM	MATION		
9. ADVANCE PAYMENT - DO YOU WANT A					der	
"How Much Can I Earn?") TYES NO						
		1				
		facility	where you would pre	fer to do VA related worl	cility or other government c. Be specific as many facilities ifferent locations or cities.)	
YES NO						
12. WORK EXPERIENCE (Tell us about the jobs you had before, 13			CIFY THE DAYS AND	HOURS DURING THE V	VEEK YOU ARE AVAILABLE TO WO	
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)		(X)	DAYS	WHEN A	AVAILABLE (From & To)	
			MONDAY			
			TUESDAY			
			WEDNESDAY			
			THURSDAY			
			FRIDAY			
14 OLIALIFICATIONS (Tell us about any spe	ecial qualifications you h	ave based on		l rk experience Include an	v experience in information	
					y experience in information	
15. SIGNATURE OF APPLICANT (Do not pr	rint)			16. D	ATE SIGNED	
PRIVACY ACT INFORMATION: VA will not	disclose information collect	ed by this infor	nation collection to any s	source other than what has be	een authorized by the Privacy Act of 1974	

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 Vocational Rehabilitation 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). 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 eligible if you're training in a college degree, vocational, or professional program at least three-quarter time. You can receive a work-study allowance (in addition to your education benefits) based on the number of hours of work you perform. A work-study allowance is available under most educational assistance programs administered by VA.

HOW MUCH CAN I EARN?

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 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 amount of the work-study allowance to be paid under your contract agreement with VA; or
- (2) 50 hours at your hourly pay rate.

You can only receive one advance payment per contract agreement (original contract agreement and any extension to that contract agreement).

If you do not elect to receive an advance payment, VA will pay you for any hours after you work the hours. Your final payment will be for the lesser of:

- (1) 50 hours; or
- (2) The number of hours remaining on your contract.

WHAT TYPE OF WORK MAY I DO?

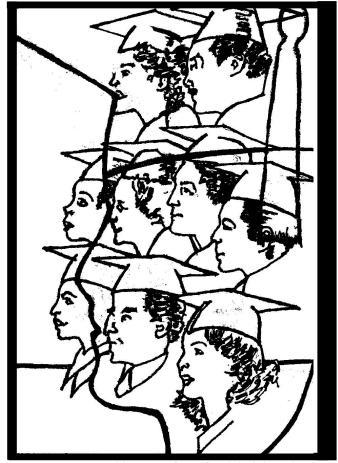
You may do the following types of VA-related work:

- VA paperwork at schools:
- · VA paperwork at VA offices or facilities;
- VA outreach services under VA supervision;
- Outreach services as provided by a State approving agency;
- Provide hospital, home-care, or medical treatment to veterans at VA medical facilities or other approved facilities (including a State home receiving VA per diem assistance);
- Administrative (office) work at a national cemetery or a State veteran's cemetery;
- Work at Department of Defense facilities related to education benefits under the Montgomery GI Bill-Selected Reserve (MGIB-SR) or the Reserve Educational Assistance Program (REAP).
 NOTE: Only claimants receiving MGIB-SR or REAP benefits can do this type of work.

Official Business Penalty for Private Use \$300 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. You can get more information or send us an email via VA's website www. gibill.va.gov by clicking on "Questions and Answers" and then clicking on "Ask a Question & Find an Answer." Or you can call us at our toll-free number, 1-888-GIBILL-1(1-888-442-4551). If you're hearing impaired, call us at 1-800-829-4833.