



APPLICATION FOR WORK-STUDY ALLOWANCE
 (38 U.S.C. Chapters 30, 31, 32 and 35; 10 U.S.C. Chapter 1606)

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)
3C. DATE OF BIRTH OF APPLICANT (Month, Day, Year)	3D. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4A. TELEPHONE NUMBER (Include Area Code)	4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU DAYTIME _____ EVENING _____
5. EDUCATION BENEFIT RECEIVING <input type="checkbox"/> CHAPTER 30 (MONTGOMERY GI BILL - Active Duty) <input type="checkbox"/> CHAPTER 1606 (MONTGOMERY GI BILL - Selected Reserve) <input type="checkbox"/> CHAPTER 32 (VETERANS EDUCATIONAL ASSISTANCE PROGRAM) <input type="checkbox"/> CHAPTER 31 (VOCATIONAL REHABILITATION) <input type="checkbox"/> CHAPTER 35 (DEPENDENTS EDUCATIONAL ASSISTANCE)	

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: No benefits may be paid unless a completed application form has been received (38 U.S.C. 2149). The information requested on this form is necessary to determine your eligibility to the benefit for which you are applying. The responses which are submitted may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58VA21/22 Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register.

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 burden for this collection of information is estimated to average 15 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 1-800-827-1000 for mailing information on where to send your comments.