



**DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM
OR PLACE OF TRAINING
(Under Provisions of Chapters 33 and 35, Title 38, U.S.C.)**

INTERNET VERSION AVAILABLE - You may complete and submit your application online at www.gibill.va.gov

PART I - APPLICANT INFORMATION

1. NAME <i>(First, Middle Initial, Last)</i>		VA DATE STAMP (For VA Use Only)
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER	
4. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH	
6. CURRENT MAILING ADDRESS <i>(Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)</i>		
7. TELEPHONE NUMBER(S) <i>(Including Area Code)</i>		
PRIMARY	SECONDARY	
8. E-MAIL ADDRESS <i>(if applicable)</i>		
9. DIRECT DEPOSIT <i>(Attach a voided personal check or provide the following information. Direct Deposit not available for DEA benefit payments)</i>		
ROUTING OR TRANSIT NUMBER	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER
10. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED		
A. NAME	B. ADDRESS	C. TELEPHONE NUMBER

PART II - QUALIFYING INDIVIDUAL INFORMATION

11. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED <i>(First, Middle, Last)</i>		
12. SOCIAL SECURITY NUMBER OR VA FILE NUMBER	13. BRANCH OF SERVICE	
14. DATE OF BIRTH	15. DATE OF DEATH OR DATE LISTED AS MIA OR POW	16. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO
17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> ADOPTED CHILD		
18. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART III - APPLICANT'S MILITARY SERVICE INFORMATION
(NOTE: Chapter 35 benefits are not payable while an eligible person is an active duty)

19. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? <i>(If "No," skip to Part IV)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART IV - YOUR PROGRAM

21A. CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

- COLLEGE OR OTHER SCHOOL
- FARM COOPERATIVE
- LICENSING OR CERTIFICATION TEST
- APPRENTICESHIP OR ON-THE-JOB TRAINING
- NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
- CORRESPONDENCE (*Spouse or Surviving Spouse only*)

21B. CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)

- INSTITUTION OF HIGHER LEARNING
- LICENSING OR CERTIFICATION TEST

22. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE (*e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer*)

23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?

24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND (*if applicable*)

25. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **CURRENT** OR **OLD** SCHOOL OR TRAINING ESTABLISHMENT

26. TELL US **WHEN** AND **WHY** YOU STOPPED (or will stop) TRAINING AT YOUR OLD (or current) SCHOOL OR TRAINING ESTABLISHMENT

PART V - REMARKS AND CERTIFICATION

27. REMARKS (*If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet of paper*)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful 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.

28A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

28B. DATE SIGNED

**Sign Here
In INK**

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE
DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING
(VA FORM 22-5495)

Use this form to request a change of program or place of training under the following benefit programs:

- Survivors' and Dependents' Educational Assistance Program (chapter 35 of title 38, U.S. Code)
- Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (chapter 33 of title 38, U.S. Code)

Do not use this form to apply for a change of program or place of training for Veterans' education assistance based on your own service (chapters 30, 32, 33, 1606, or 1607). To apply for a change of program or place of training for Veterans' education assistance benefits based on your own service, use VA Form 22-1995.

INTERNET VERSION AVAILABLE- You may complete and submit this application on-line at www.gibill.va.gov. Click on "GI Bill: Apply for Benefits."

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE- VA offers a wide range of services to assist you in planning your education and/or career goals. Services include educational and vocational guidance and testing to develop a greater understanding of your skills, talents, and interests. For more information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at 1-800-829-4833.

NOTE: These numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

ITEM 3. Your VA FILE NUMBER is the number that appears on your VA benefit checks and all mail that we've sent to you. Generally, your VA FILE NUMBER is the social security number of the individual on whose account you are receiving benefits. Your SUFFIX (letter or 2-digit number) indicates your relationship to the qualifying individual.

ITEM 17. To qualify for Survivors' and Dependents' Educational Assistance (DEA), you must be either-

- (1) The spouse or child of a veteran who is permanently or totally disabled as a result of a service-connected disability.
- (2) The spouse or child of an individual on active duty who has been listed as missing in action, captured in line of duty by hostile force, forcibly detained or interned in line of duty by hostile force, or forcibly detained or interned in line of duty by a foreign government or power for more than 90 days.
- (3) The surviving spouse or child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature.
- (4) The spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the servicemember is likely to be discharged or released from such service for such disability.

Eligibility for DEA will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

To qualify for the Fry Scholarship, you must be the child of an individual who after September 10, 2001, died in the line of duty while serving on active duty as a member of the Armed Forces.

ITEM 21. Select the benefit under which you are applying for a change in program or place of training. Types of education or training programs are self-explanatory, except for the following-

"Licensing or Certification Test." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. "National Admissions Exams or National Exams for Credit." Individuals eligible to receive benefits under the Survivors' and Dependents' Educational Assistance program may be reimbursed for the cost of approved test for admission to or credit at institutions of higher learning.

"Correspondence." Only spouses and surviving spouses eligible for the Survivors' and Dependents' Educational Assistance program may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, please visit our website at www.gibill.va.gov.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:

Step 1: Mail the completed form to the VA Regional Processing Office for the region of that school's physical address. See below for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA educational benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you have not selected a school or training establishment:

Step 1: Mail the completed form to the VA Regional Processing Office for the region of your home address. See below for the address of these VA Regional Processing Offices.

Step 2: Wait for the VA to process your application and notify you of its decision concerning your eligibility for education benefits.

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616				Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	OH	PA	RI	MO	MT	NE	ND
VT	VA	WV	Foreign Schools	SD	TN	WI	WY
Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888				Southern Region: VA Regional Office P. O. Box 10022 Decatur, GA 30031-7022			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
AK	AL	AR	AZ	FL	GA	NC	SC
CA	HI	ID	LA	PR	US Virgin Islands	APO/FPO AA	
MS	NM	NV	OK				
OR	TX	UT	WA				
Philippines	Guam	APO/FPO AP					

MORE HELP - If you need more help completing this application or you want information about our work-study program, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get more information about education assistance from our education Internet site at www.gibill.va.gov.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under 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, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, published in the Federal Register. An example of 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 education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. Payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). 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 this 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 <http://www.reginfo.gov/public/do/PRAMain>. 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.