

DIRECTIONS FOR COMPLETING AND SUBMITING THIS PACKET

DISCLAIMER: Unfortunately, Cosumnes River College's Veterans Resource Center **does not** allow for the downloading of documents from Google Drive or the iCloud, so if you attach the documents directly from there, they will be removed by the system.

Instead save your forms to your desktop. Once they are completed re save the document and email as an attachment to CRC-VRC@crc.losrios.edu

When sending this completed packet via email, in the <u>subject line</u>, <u>please enter your</u> "FIRST NAME, LAST NAME, and STUDENT ID #". For questions, you can either call us at 916-691-7455, or email us at the above mentioned address

Any additional required documents can be emailed to the same email listed above.

NOTE: This form must be completed on a computer or tablet, utilizing a PDF reader such as Adobe Acrobat Reader. You can then delete them from your desktop/laptop/tablet once completed.

CRC VA Educational Benefits Checklist -Chpt. 33 TOE

□ 1. CRC APPLICATION

Online at http://www.crc.losrios.edu

(If you have already applied and have a student ID number go to Step 2)

For questions call: (916) 691-7411

□ 2. Apply for Financial Aid

Online at: https://studentaid.ed.gov/sa/fafsa

Please see "Financial Aid Disclosure for Veterans/Dependents" as you may eligible to receive Financial Aid, in conjunction to VA Education Benefit- highly encouraged.

For assistance call: (916) 691-7325 or email: crc-finaid@crc.losrios.edu

☐ 3. First time using VA Educational Benefits at any institution:

❖ File the application for VA Education Benefits (22-1990E) online at: https://www.va.gov/education/how-to-apply/
Note: Please make sure to print the confirmation page and provide to the VRC.

or

Transfer student continuing VA Educational Benefits at CRC:

If you have already used VA Educational benefits at a previous institution:

File the application to transfer VA Education Benefits, by submitting VA form **22-1995** (included in this packet) and provide to the VRC.

\square 4. VA Educational Program Planner

Make a counseling appointment for a VA Educational Plan

By phone: (916) 691-7316

Online: https://tinyurl.com/6nc6efz7

The Department of Veterans Affairs mandates that students select a major. You can only receive payment for courses that are required according to your major.

Official transcripts from all non-Los Rios colleges and military transcrips need to be on file prior to seeing a counselor.

□ 5. All students

Submit the following documentation to the VRC:

- Certificate of Eligibility
- ❖ Confirmation page of VA form 22-1990E or 22-1995 (as listed above in items 1 and 2)
- CRC Enrollment Status Form
- CRC Veterans Intake and Statement of Understanding
- Cover sheet
- ❖ Residency packet if you are not a CA resident.
- ❖ Transcripts from any other colleges MUST BE SUBMITTED within 30 days
 - 1. Unofficial Transcripts: Can be sent to directly to the VRC (until official copy is received)
 - 2. Official Transcripts: Please have the institution send them direct to our Admissions office by mail or via email to admissions@crc.losrios.edu

CRC VA Educational Benefits Checklist

□6. Enroll

- Make sure to enroll in courses listed in your VA Planner
- Submit Enrollment Status form every semester (once enrolled)
- Purchase parking permit (decal) and Holder

In person: College Center Bldg., Business Services - Cashier Window 4

Get Student Access card (Student ID)

In person: College Center Bldg., Admissions and Records Office -Window 7

Changes to your schedule after initial certification can cause delays in payments or overpayments with the Department of Veterans Affairs. Notify the CRC Veterans Resource Center **immediately** if you make changes to your schedule.

Description of Veterans Affairs Forms:

- 22-1990 (Chapters 33, 30 & 1606) submit this form when applying for benefits for the first time or when changing chapters
- 22-1995 (Chapters 33, 30, 1606 & Transfer of Entitlement Program) submit this form when transferring schools or if you have already applied for benefits before
- 22-5490 (Chapter 35 & Fry Scholarship) submit this form when applying for benefits for the first time
- 22-5495 (Chapter 35 & Fry Scholarship) submit this form when transferring schools or if you have already applied for benefits before
- 22-1990E (Dependent Chapter 33-Transfer of Entitlement Program) submit this form when approved for transfer of entitlement

Cosumnes River College Veterans Resource Center Phone (916) 691-7455 Fax (916) 691-7467

Monday – Thursday: 8am to 4pm Department of Veterans Affairs 1-888-442-4551 www.gibill.va.gov



Veterans Intake Form

| Name | | Student # | | | | | | |
|---|---|--|---------------------------------|--|--|--|--|--|
| Address | | | | | | | | |
| | | Seme: | | | | | | |
| □ Ch 33 Post 9/11 G | .I. Bill | □ Ch 31 Vocational Rehab | □ Ch 31 Vocational Rehab | | | | | |
| □ Ch 33 -TOE | | □ Ch 1606 Guard/Reserve | | | | | | |
| □ Ch 35 Dependent/ | 'Survivors | □ Ch 30 Montgomery G.I. Bill | | | | | | |
| - | lease indicate intended major U/UC transfer program. | and goals. Must be a degree or ce | rtificate program offered | | | | | |
| □ Certificate | Major | | | | | | | |
| □ AA or AS Degree | Major | | | | | | | |
| □ Transfer | Major | Transfer Institution | | | | | | |
| *Are you interested | in information below (check a | I that apply)? | | | | | | |
| prior to making appo | Women ¬ - Official transcripts from all prointment with counselor for V y VA Educational benefits may | /eterans Alliance □Child revious colleges and universities at | tended MUST be on file | | | | | |
| Signature | | Date | | | | | | |
| ☐ Certificate of ☐ VA Applicati ☐ CRC VA Stat ☐ CRC VETERA ☐ VA EDUCATI ☐ Veterans SS | N Depend | MENT STATUS FORM ent # | | | | | | |
| • | for Chapter 33, 33-TOE and 3 | | | | | | | |
| □ Priority Reg | istration (Chapter 33, 33-TOE a | ina 21 omiy) | | | | | | |



VETERANS COVER SHEET

| Name: | Student ID: | | | | | | |
|--|-------------------------------|----------------------|-------------------|--|--|--|--|
| VA File number or SS#: | Chapter: | Semester/year: | | | | | |
| CURRENT OBJECTIVE: Please indicate your | major listed on your VA Ed | ucational Plan. | | | | | |
| Degree /Certificate: Major: | | College: | | | | | |
| ☐ Yes, I attended and have transcripts from o | other colleges outside the Lo | | | | | | |
| Colleges attended: | | Official | Unofficial | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| □ No, I did not attend and do not have transc | ripts from other colleges. | | | | | | |
| I understand that prior to petitioning for gradfile at CRC. | luation, I must have officia | l transcripts from o | other colleges o | | | | |
| understand that my VA educational benefit naccurate or incomplete. | s may be affected if any in | formation provided | l to CRC is | | | | |
| Student's Signature | Dat | | | | | | |

Veterans Resource Center STATEMENT OF STUDENT UNDERSTANDING AND RESPONSIBILITIES

For Students Receiving VA Educational Benefits

NAME: _____ STUDENT ID#:

| I understand that once I have enrolled into <u>any</u> course, I am responsible for the payment for that course(s), whether or not I |
|---|
| receive my VA educational benefits. <u>I further understand that if I use Post- 9/11 – Chapter 33 benefits, I must notify the CRC</u> |
| Veterans Office when I add classes every semester to avoid being dropped for nonpayment. |
| I understand that Department of Veterans Affairs requires me to have all prior college credits evaluated. I also understand that it is my responsibility to request and provide CRC with official transcripts from all other colleges outside of Los Rios Community College District. |
| I understand that the VA requires me to select a major, and <u>I must submit a VA Educational Program Planner</u> in order to receive VA educational benefits. The VA will only approve courses for payment that are required according to my VA educational plan at CRC. |
| I understand that if I add, drop, stop attending or change my schedule in any way, I must notify the CRC Veterans Resource Center immediately of this change. I also understand that the CRC Veterans Office cannot certify or make changes to my enrollment status until my classes have been officially added from the waiting list and show as <i>enrolled</i> on my records. |
| I understand that courses which do not meet during the full semester session will be reported to the VA according to the start and end dates of these classes, i.e., first 8 weeks, second 8 weeks, etc., and that this may affect my VA educational benefits. |
| I understand that VA regulations required that the Veterans Services Office adjusts and reports the enrollment certification to the VA Office. The school determines by checking the instructor's records for the last date of attendance; this may affect the VA educational benefits with an overpayment. (This is the case if an <u>F grade</u> is received for a class in which VA educational benefits had being received). |
| If a withdrawal or other punitive grade is assigned, an overpayment may be charged to the student. Per the VA – if an individual does not complete a course and does not substantiate mitigating circumstances for not completing that enrollment they will be charged with an overpayment equal to the amount of ALL educational assistance paid for that period of time. |
| The VA does not allow payment for the following classes: physical education or athletic-related course, recommended courses, and courses which are not transferable or not counted towards an AA/AS degree or certificate program unless: 1) it is listed in the catalog as a required prerequisite for your goal; 2) concurrent enrollment in such a class is listed as required by the catalog; or 3) it has been identified as a required elective by your counselor. In addition, the VA will not pay for remedial courses unless your assessment test scores justify the need. |
| For continued payment, the VA requires that you make satisfactory progress towards your goal. This means maintaining a 2.0 cumulative GPA and completing at least 50% of your units each term. CRC is required to report a termination of your benefits if you go on academic or progress dismissal. Counseling is required prior to readmit after dismissal. |
| I understand that the Department of Veterans Affairs does NOT pay non-residency tuition. If I am classified as a non-resident, I am responsible for those charges. |
| File Enrollment Status Form All veterans and dependents are required to file an Enrollment Status Form with the CRC Veterans Resource Center EACH semester. This form is your notification to our office that you want to use you VA education benefits again next semester—we never assume that you want to use your benefits. |

| 1 1 | Monthly self-verification | | | | | | | | | | |
|-----------------------|---|--|--|--|--|--|--|--|--|--|--|
| | In addition to the above requirement, Chapter 30, 1606 and 1607 and Post-9/11 - Chapter 33* (*effective 8/1/2021) | | | | | | | | | | |
| | students must, on the last day of each month, verify their enrollment with the VA for the previous month before the | | | | | | | | | | |
| | payment is made. The veteran has two methods to self-verify: 1) online service at https://gibill.custhelp.va.gov/app/home | | | | | | | | | | |
| | or 2) by phone at 1-877-823-2378. Failure to verify on a monthly basis will result in nonpayment. | | | | | | | | | | |
| | *Chapter 31 and 35 students do not self-verify. | | | | | | | | | | |
| | | | | | | | | | | | |
| | Students Using Post 9/11 GI Bill (Chapter 33): | | | | | | | | | | |
| | For more information visit the VA Website at www.gibill.va.gov for the most current updates. | | | | | | | | | | |
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| | ead and fully understand the information given to me in this contract. I understand that failure to follow this information | | | | | | | | | | |
| could re | sult in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official | | | | | | | | | | |
| could re | | | | | | | | | | | |
| could re | sult in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official | | | | | | | | | | |
| could re for clari | sult in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official | | | | | | | | | | |
| could re for clari | sult in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official fication. | | | | | | | | | | |
| for clari | sult in a reduction or cancellation of my benefits. If I have any questions, I will contact the college's VA certifying official fication. | | | | | | | | | | |

10/22/2021

8401 Center Parkway, Sacramento, CA 95823-5704

916-691-7455/Fax: 916-691-7467

VETERANS AND DEPENDENTS ENROLLMENT STATUS FORM

Instructions:

All veterans or dependents currently using their benefits need to file this form at the end of every semester to ensure that they are certified for the following semester or session. CRC does not automatically certify future enrollments to keep your benefits coming. That is your responsibility. Failure to follow these instructions will result in a delay of benefit payments. If you are not a "continuing" CRC veteran, do not file this form. Instead, make an appointment with the VA certifying official. Please allow 30 days for processing of your certification.

| Name | | | | Stude | ent ID Nun | nber | | |
|---|--|--------------------|------------------------|--------------------|-------------------|-----------------------|---------------|------------|
| Last | First | | MI | | | | | |
| Mailing Address | | | | Fall_ | Spring_ | Summer _ | Year_ | |
| | | | | Phon | e Home_ | | | |
| | | | | | Work | | | |
| mail | | | | | Cell | | | |
| NROLLMENT STATUS 1 □ Enrolled at 0 □ Concurrently | | - | (s) | | | | | |
| | | | | List colleges o | attending this s | emester (other tha | ın CRC) | |
| | rent VA Educa [.] only; <mark>will you re</mark> | | | | | No No | | |
| 'ETERAN/DEPENDENT | CHAPTER: | □ 30 | □ 31 □ 33 | □ 35 | □ 1606 | □ 1607 | | |
| CLASS SCHEDULE: | | | | | | | | |
| <u> </u> | | | | | | | | |
| Class Name and Cod | <u>le Number (i.e</u> | <u>. POLS 300)</u> | <u>Units</u> <u>Cl</u> | <u>ass Name ar</u> | <u>ıd Code Nı</u> | <u>umber (i.e. PC</u> |)LS 300) | <u>Uni</u> |
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| otal Units Registered | for Benefits | | | | | | | |
| oran orano mogazione | | | | | | | | |
| understand that I must no | tify the VA certif | vina official IA | AMFDIATFIY whe | never Ladd or a | drop a class | or repeat a clas | s for which I | have |
| eceived credit already. I | | | | | | | | |
| equirements for my goal. | | | | | | | | |
| epartment of Veteran Aff | | | o one vererans | | io provide io | | 0 | ,,,, |
| - P | g | , p. og | | | | | | |
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| STAFF USE ON | | | | | | | | |
| DND indicator plac | ed on record | ı | | | | | | |
| PS entry | | | | | | | | |
| Tuition & Fees: | | | | | | | | |
| 10111011 & 1 ⁻ 665. | · | | | | | | | |
| Received By: | Date: / | / Pro | cessed By: | Date: | , , | | | |
| CCCIVEU Dy | Daie/ | / 1 100 | ccssed by | Daie | //_ | | | |

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- · you're changing schools,
- you're changing your educational, professional, vocational goal,
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program,
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor's degree, master's degree, Ph.D
- · Professional goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian, stenographer, machinist, electronic technician, X-ray technician, radio and
- Vocational goal: TV service technician, automobile mechanic, practical nurse.

Item #5: The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients). To enroll in direct deposit, please attach a voided personal check, deposit slip, or provide the information requested in Item 5. If you do not have a bank account, please visit https://www.benefits.va.gov/benefits/banking.asp. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

Item #6: Provide your dependents' information only if you have military service before January 1, 1977 (or delayed entry before January 2, 1978).

Item #6A: IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va. gov/opa/marriage/.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: www.benefits.va.gov/gibill. Click on the "Contact Us" tab and then the "Ask a Question" tab. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

TO FILE THIS FORM:

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

Step1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address. Determine the correct office from the list on page 4.

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

Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

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

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list on page 4.

Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Page 3

| Department of Veterans At | fairs | | | | | | |
|--|---|---|---|--|--|--|--|
| REQUEST | FOR CHANGE OF F | PROGRAM OR PLA | CE OF TRAINING | | | | |
| | PART I - IDENTIFICATION | AND PERSONAL INFOR | MATION | | | | |
| 1A. NAME OF APPLICANT (Last, First, Mid | VA DATE STAMP DO NOT WRITE IN THIS SPACE | | | | | | |
| 1B. MAILING ADDRESS (Complete street ac | ldress, City, State, and 9-digit ZIP | Code) | | | | | |
| 1C. APPLICANT'S TELEPHONE I | NUMBER (Including Area Code) | 1D. VA FILE NUMBER | <u> </u> | | | | |
| HOME (include area code) | MOBILE (include area code | 2) | | | | | |
| 1E. APPLICANT'S E-MAIL ADDRESS (if app | olicable) | | Y OF APPLICANT (For transferability cases, 's social security number) | | | | |
| | PART II - YOUR P | PROGRAM INFORMATION | I | | | | |
| 2. EDUCATION BENEFIT YOU WANT TO RI | | | | | | | |
| A. CHAPTER 33 (Post-9/11 GI BILL) B. CHAPTER 30 (Montgomery GI Bil | $Program\ includin$ | ing section 903) (Montgomery GI Bill- | E. TRANSFER OF ENTITLEMENT PROGRAM | | | | |
| Active Duty) | Selected Reserve | <u>?) </u> | | | | | |
| 3. HOW WILL YOU TAKE TRAINING? | | | | | | | |
| A. SCHOOL ATTENDANCE | D. COOPERATIVE 1 | | G. LICENSING & CERTIFICATION TEST | | | | |
| B. CORRESPONDENCE C. APPRENTICESHIP OR ON-THE-JO | E. TUITION ASSIST (Active Duty Only OB | | H. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT | | | | |
| TRAINING | F. FLIGHT TRAININ | FRAINING | | | | | |
| 4A. WHAT EDUCATIONAL, PROFESSIONA YOU WORKING TOWARD? | L OR VOCATIONAL GOAL ARE | | HE PROGRAM YOU ARE REQUESTING? | | | | |
| 4C. IF CHANGING SCHOOLS, PROVIDE NA OF NEW SCHOOL OR TRAINING ESTAIT TO ATTEND (If applicable) Cosumnes River College 8401 Center Parkway | | | IPLETE ADDRESS OF PREVIOUS SCHOOL OR IT (If only changing schools, list current school.) | | | | |
| Sacramento, CA 95823 | | | | | | | |
| | ED TRAINING AT YOUR PRIOR SO | CHOOL OR ESTABLISHMENT. CO | ONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE | | | | |
| | | | | | | | |

| | | | | | | INFORMA [®] | | | | | |
|--|--|-------------------|-----------|--------|-----------------|--------------------------|---|------------|---|---------------|--------|
| 5A. DIRECT DEPOSIT (To enroll in Direct Deposit, attach a voided personal check or deposit slip to match the information provided below. Direct Deposit is not available for Chapter 32 recipients.) | | | | | | | | | | | |
| NOTE: To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT.) Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903. See Instructions, Item 5 for additional Direct Deposit Information.) | | | | | | | | | | | |
| 5B. START OR CHANGE E | FT STOP EFT | | | | | | | | | | |
| 5C. 9 DIGIT ROUTING OR T | RANSIT NUMBER | | ACC | OUNT 1 | YPE | | ACCOUNT NUI | MBER | | | |
| | | | | | \Box | | | | | | |
| D O N O T | | L | | CKING | L | SAVINGS | D O N | TOT | F] | I L L | |
| 5D. NAME OF FINANCIAL INSTITUTION | | | | | | | | | | | |
| | PART | T IV - N | MISCEL | ΙΔΝΕ | OUS | INFORMA | TION | | | | |
| 6. INFORMATION ON DEPE | ENDENTS (COMPLETE THIS IT | | | | | | | ad a dela | ved entry b | efore Janua | arv 2. |
| | VTLY HAVE DEPENDENTS.) | | | | | | | | , | -, | , |
| | QUESTIONS | | | | | | YES | | | NO | |
| 6A. ARE YOU CURRENTLY | MARRIED? | | | | | | | | | | |
| 6B. DO YOU HAVE ANY CH | ILDREN WHO ARE: | | | | | | | | | | |
| | | | | | | | | | | | |
| (1) UNDER AGE 18 OR | | | | | | | | | | | |
| (2) OVER 18 BUT UNDER | AGE 23, NOT MARRIED AND AT | TENDIN | G SCHOO | OL? OR | | | | | | | |
| (3) OF ANY AGE PERMAN | NENTLY HELPLESS FOR MENTAL | OR PH | IYSICAL F | REASO | NS? | | | | | | |
| 6C. IS EITHER YOUR FATH | ER OR MOTHER DEPENDENT U | PON YC | U FOR F | INANCI | AL SUF | PORT? | | | | | |
| | ERVICE (PERIODS OF ACTIVE D | | | | | | | | | | |
| | al period of active duty if you have r | | | | | | | aim if you | attach a cer | tified copy o | f |
| "Member 4 Copy" of your i | DD Form 214 for each period of ac | Tive ser | , | - | rt Activ | e Duty Jor 116 I | aining.) | 1 | | | |
| 7A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY | 7B. BEGINNING AND ENDING DATES OF ACTIVE DUTY | | | | | | NATION VAS THE CHARACTER IF A | | IF THIS ACTIVE DUTY IS IAL GUARD DUTY, INDICATE AUTHORITY IS TITLE 10 RAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS) | | |
| | | Y | 'ES | N | 0 | | | OF AIVI C | MDERS) | | |
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| NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.) 8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee) | | | | | | | | | | | |
| YES NO | | | | | | | | | | | |
| OR PUBLIC HEALTH SE BENEFITS, CHECK "YES | R DO YOU ANTICIPATE RECEIV ERVICE FOR THE COURSE FOI I." SHOW COMPLETE DETAILS IN STANCE TOP-UP BENEFIT, CHEC | R WHIC N THE F | CH YOU I | HAVE A | APPLIE ON TO | D TO VA FO INCLUDE TH | OR EDUCATION BENE HE SOURCE OF THE F | FITS? IF | YOU WIL | L RECEIVE | SUCH |
| 10. REMARKS | | | | | | | | | | | |
| TO. REWINKING | | | | | | | | | | | |
| | | | | | | | | | | | |
| PART V - CERTIFICATION AND SIGNATURE OF APPLICANT | | | | | | | | | | | |
| I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program. | | | | | | | | that I | | | |
| 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. | | | | | | | | | | | |
| 11A. SIGNATURE OF APPLI | ICANT (DO NOT PRINT) | | | | | | | 11B. DA | ATE SIGNE | D | |
| SIGN HERE IN INK | | | | | | | | | | | |

VA FORM 22-1995, JUL 2021 Page 2