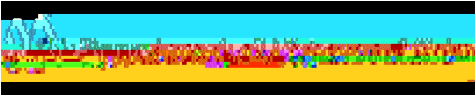


DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

(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

1. NAME (First, Middle Initial, Last)

VA DATE STAMP
(For VA Use Only)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. SEX OF APPLICANT

MALE FEMALE

5. DATE OF BIRTH

6. CURRENT MAILING ADDRESS (Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)

7. TELEPHONE NUMBER(S) (Including Area Code)

PRIMARY

SECONDARY

8. E-MAIL ADDRESS (if applicable)

9. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit not available for DEA benefit payments)

ROUTING OR TRANSIT NUMBER

ACCOUNT TYPE

ACCOUNT NUMBER

CHECKING SAVINGS

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

11. NAME OF INDIVIDUAL ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (First, Middle, Last)

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

YES NO

17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL

SPOUSE SURVIVING SPOUSE CHILD STEPCCHILD ADOPTED CHILD

18. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOSE ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT?

YES NO

19. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part IV)

YES 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 - BENEFIT AND TYPE OF EDUCATION OR TRAINING

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)
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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			
Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888							
		NV					

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 education 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 response 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 spend 10 to 15 minutes to provide this information.