## Department of Veterans Affairs

### **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 y	www.gibill.va.gov			
	PAR <sup>*</sup>	T I - APPL	ICANT INFORMAT	ION _			
1. NAME (First, Middle Initial, Last)					VA DATE STAMP (For VA Use Only)		
					`		
2. SOCIAL SECURITY NUMBER		3. VA FILE					
4. SEX OF APPLICANT		5. DATE OF	RIRTH				
☐ MALE ☐ FEMALE		0.2/112 01	J				
6. CURRENT MAILING ADDRESS (Number	ber and street or rural route	e, city or P.C	D., State and 9 DIGIT ZII	P Code)			
,		. ,		ŕ			
	7. TELE	PHONE NUM	MBER(S) (Including Area	ı Code)			
PRIMARY			SECONDARY				
8. E-MAIL ADDRESS (if applicable)							
9. DIRECT DEPOSIT (Attach a voided pe	ersonal check or provide the	e following in	nformation. Direct Depo	sit not available for DE	4 benefit payments)		
The second secon	F	. ) = 11 = 11 - 13 - 1	y				
ROUTING OR TRANSIT NUMBER		ACCC	OUNT TYPE		ACCOUNT NUMBER		
	□ CH	HECKING	SAVINGS				
10. PLEASE PROVIDE THE NAI	ME, ADDRESS, AND TELEF	PHONE NUM	BER OF SOMEONE WH	O WILL ALWAYS KNOW	/ WHERE YOU CAN BE REACHED		
A. NAME	B. ADDRESS			C. T	ELEPHONE NUMBER		
	PART II - QL	JALIFYING	G INDIVIDUAL INFO	ORMATION			
11. NAME OF INDIVIDUAL ON WHOSE A	ACCOUNT BENEFITS ARE	BEING CLAII	MED (First, Middle, Last	")			
12. SOCIAL SECURITY NUMBER OR VA FILE NUMBER				13. BRANCH OF SERV	/ICE		
14. DATE OF BIRTH	15. DATE OF DEATH OR DATE LISTED			16. IS QUALIFYING INDIVIDUAL CURRENTLY ON ACTIVE DUTY ☐ YES ☐ NO			
17. YOUR RELATIONSHIP TO QUALIFY	NG INDIVIDUAL						
SPOUSE SURVIVING SPO	OUSE CHILD :	STEPCHILD	ADOPTED CHILD	)			
18. DO YOU OR THE QUALIFYING INDIV	/IDUAL ON WHOSE ACCO	UNT YOU AF	RE CLAIMING BENEFITS	HAVE AN OUTSTANDI	NG FELONY AND/OR WARRANT?		
☐ YES ☐ NO							
(NOTE: C	PART III - APPLIC		IILITARY SERVICE		ctive duty)		
19. HAVE YOU EVER SERVED ON ACT	IVE DUTY IN THE ARMED F	FORCES? (I)	f "No," skip to Part IV)	•	• ,		
☐ YES ☐ NO			•				
	20. INFORMATI	ON ABOUT	YOUR PERIODS OF	ACTIVE DUTY			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARA FROM ACTIVE D			ERVICE OR RESERV	D. CHARACTER OF DISCHARGE		

PART IV - YOUR PROGRAM								
21A. CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)	21B. CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)							
COLLEGE OR OTHER SCHOOL	INSTITUTION OF HIGHER LEARNING							
FARM COOPERATIVE	LICENSING OR CERTIFICATION TEST							
LICENSING OR CERTIFICATION TEST								
APPRENTICESHIP OR ON-THE-JOB TRAINING								
NATIONAL ADMISSIONS EXAMS OR NATIONAL								
EXAMS FOR CREDIT  CORRESPONDENCE (Spouse or Surviving Spouse only)								
22. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE (e.g., Bachelor of Arts in A	  ccounting. Welding Certificate. Pol	ice Officer)						
	,							
23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?								
24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND		OVIDE NAME AND COMPLETE ADDRESS DL OR TRAINING ESTABLISHMENT						
(if applicable)	OF GOTTALITY ON GED CONTOC	or no mand 20 magninery						
26. TELL US WHEN AND WHY YOU STOPPED (or will stop) TRAINING AT YOUR OLD	(or current) SCHOOL OR TRAINING	ESTABLISHMENT						
PART V - REMARKS A	ND CERTIFICATION							
27. REMARKS (If more space is needed, please attach a separate sheet of paper. Be su.		ity 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.	action ochemis is a punishable	oriense and may result in the fortentile of						
28A. SIGNATURE OF APPLICANT (DO NOT PRINT)		28B. DATE SIGNED						
Sign Here								
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# 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 <a href="www.gibill.va.gov">www.gibill.va.gov</a>. 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 serviceperson 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 <a href="https://www.gibill.va.gov">www.gibill.va.gov</a>.

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#### 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	ОН	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 100022 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		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 <a href="http://www.reginfo.gov/public/do/PRAMain">http://www.reginfo.gov/public/do/PRAMain</a>. 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.

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