



# APPLICATION FOR VA EDUCATION BENEFITS

## PART I - APPLICANT

**NOTE: PLEASE TYPE OR PRINT CLEARLY IN BLACK INK OR NO. 2 PENCIL.**

1. EDUCATION BENEFIT BEING APPLIED FOR:

- A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (Chapter 30, Title 38 U.S.C.) (See Part I Instructions)
- B. VEAP/NON-CONTRIBUTORY VEAP (Post-Vietnam Era Educational Assistance Program) (Chapter 32, Title 38 U.S.C.) (Section 903, Public Law 96-342) (See Part I Instructions)
- C. Montgomery GI Bill - Selected Reserve Educational Assistance Program (Chapter 1606 Title 10 U.S.C.) (See Part I Instructions)
- D. UNSURE WHICH EDUCATION BENEFIT APPLIES TO ME (Explain why you think you are eligible in Item 18, Remarks)

2. NAME OF APPLICANT (First, Middle Initial, Last)

3. SEX

- MALE  FEMALE

4. DATE OF BIRTH (Month, Day, Year)

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

6. VA FILE NUMBER OR SOCIAL SECURITY NUMBER

7. TELEPHONE NUMBER (Including Area Code)

A. DAY  
( )

B. EVENING  
( )

**8. DIRECT DEPOSIT INFORMATION** - Please attach a voided personal check, or provide the following information  
 (Caution: Direct Deposit may not be available for VEAP or Chapter 1606. See Item 8 of Instructions)

A. TYPE OF ACCOUNT (Check the type of account, if you do not have an account check the box)

- CHECKING OR  SAVINGS  I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

C. ACCOUNT NUMBER (OR ATTACH VOIDED CHECK)

D. ROUTING OR TRANSIT NUMBER (OR ATTACH VOIDED CHECK)

9. PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

10. HAVE YOU PREVIOUSLY APPLIED FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS? (If "Yes," list each benefit claimed. See Item 10 of Instructions)

- YES  NO

11. HAVE YOU ALREADY RECEIVED AN INFORMATION PAMPHLET EXPLAINING EDUCATION BENEFITS? (See Item 11 of Instructions)

- YES  NO

## 12. PROGRAM OF EDUCATION OR TRAINING

A. SHOW THE NAME AND ADDRESS OF YOUR SCHOOL OR TRAINING ESTABLISHMENT (If known)

B. THE DATE YOU STARTED OR WILL START TRAINING (If known)

C. IF YOU KNOW YOUR EDUCATION OR CAREER GOAL (Please specify)

D. EDUCATION OR TRAINING WILL BE BY:

- SCHOOL ATTENDANCE  APPRENTICESHIP OR ON-THE-JOB TRAINING  
 CORRESPONDENCE  VOCATIONAL FLIGHT TRAINING

**13. ACTIVE DUTY SERVICE INFORMATION**

NOTE: If you are on active duty but in a Terminal leave status (on leave continuously between the date that you last performed military duties until the date of your discharge from active duty), check YES in Items 13A and 13B.

A. ARE YOU NOW ON ACTIVE DUTY?  YES  NO

B. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?  YES  NO

C. ARE YOU ATTACHING A COPY OF YOUR DISCHARGE PAPER? (If "NO," complete Items 13D through 13F and see Instructions for these Items)  YES  NO

D. DATE ENTERED ACTIVE DUTY	E. DATE SEPARATED FROM ACTIVE DUTY	F. BRANCH OF SERVICE

**14. CIVILIAN AND MILITARY EDUCATION**  
*(Complete Item 14A or 14B. Leave both blank if you did not graduate from high school and did not complete the requirements for a certificate)*

A. DATE YOU GRADUATED FROM HIGH SCHOOL B. DATE YOU COMPLETED THE REQUIREMENT FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE

C. BELOW PLEASE SHOW ALL TRAINING AFTER HIGH SCHOOL, INCLUDING ALL APPRENTICESHIP OR ON-THE-JOB TRAINING *(See Item14C of Instructions)*

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER <i>(Include City and State)</i>	DATES OF TRAINING		HOURS <i>(Semester, Quarter, or Clock)</i>	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. WHAT FAA FLIGHT CERTIFICATES DO YOU HOLD?

**15. NON-MILITARY OCCUPATION**

	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
A. BEFORE ENTERING MILITARY SERVICE			
B. AFTER LEAVING MILITARY SERVICE			

**16. ENTITLEMENT TO OTHER TYPES OF GOVERNMENT EDUCATIONAL ASSISTANCE** (See Instructions for Item

NOTE: If you check "Yes," to any of these questions, provide full details in Item 18, REMARKS.

A. IF YOU ARE ON ACTIVE DUTY OR IN THE SELECTED RESERVE, ARE YOU RECEIVING OR DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS (SUCH AS TUITION ASSISTANCE) FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE FOR THE SAME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. IF YOU ARE PARTICIPATING IN AN ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107, TITLE 10 U.S. CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. IF YOU PARTICIPATED IN, OR ARE CURRENTLY PARTICIPATING IN, AN ROTC SCHOLARSHIP PROGRAM AND RECEIVED OR WILL RECEIVE AN OFFICER'S COMMISSION UPON COMPLETION OF THAT PROGRAM, SHOW THE DATE OF YOUR COMMISSION	Month    Day    Year
D. IF YOU ARE A FEDERAL GOVERNMENT EMPLOYEE, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT FOR THE SAME TIME PERIOD WHEN YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**17. MARITAL AND DEPENDENCY STATUS** (See Instruction for Item 17)

NOTE: **ONLY MONTGOMERY GI BILL VETERANS** with military service (or delayed entry) before January 1, 1977 need to provide the following information:

A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18? OR (2) OVER 18 BUT UNDER AGE 23 AND ATTENDING SCHOOL? (3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. REMARKS (If more space is needed, please attach separate sheet)

**19. CERTIFICATION AND SIGNATURE OF APPLICANT**

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

PENALTY: Willfully false statement 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.

19A. SIGNATURE OF APPLICANT (DO NOT PRINT)  <b>SIGN HERE</b> <b>IN INK</b> ▶	19B. DATE SIGNED
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**PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY**

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

20A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION SERVICE OFFICER	20B. DATE SIGNED
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# INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

## HOW TO USE THESE INSTRUCTIONS AND APPLY FOR BENEFITS

Tear off these instructions from the portion of the application form that you fill in. We suggest that you place these instructions next to the application form. This can assist you in referring to the instructions as you complete each item. After completing the fill-in portions of this application, see HOW TO FILE YOUR CLAIM at the end of these instructions for information on where to take or send your completed application form.

## SPECIFIC INSTRUCTIONS

**NOTE: The numbers of the instructions in this section match the item numbers on the application.**

**PART I.** Part I contains Items 1 through 19B. Complete Part I of this application to apply for VA education benefits under the following programs: (1) Montgomery GI Bill -- Active Duty (chapter 30); (2) Veterans' Educational Assistance Program (chapter 32) (VEAP) AND (3) Montgomery GI Bill -- Selected Reserve (chapter 1606). DO NOT USE THIS FORM TO APPLY FOR VOCATIONAL REHABILITATION BENEFITS (chapter 31) OR DEPENDENTS' EDUCATIONAL ASSISTANCE (chapter 35). **Vocational Rehabilitation benefits**, which are for veterans with a service-connected disability, and **Dependents' Educational Assistance benefits**, which are for spouses and children of veterans who are 100% disabled due to a service-connected disability, or who died from a service-connected disability, require different application forms. These application forms are available at your nearest VA regional office. These forms may also be available where you received this application.

**ITEM 1.** Check the block next to the education benefit you wish to apply for. You may use only one type of education benefit at a time.

See Item 11 INSTRUCTIONS for information on VA's education benefits pamphlets for the benefits listed in Item 1.

**ITEM 1A.** You may be eligible for Montgomery GI Bill -- Active Duty benefits (Eligibility Based on Active Duty), also referred to as chapter 30, if you served on active duty and meet any one of the following conditions:

(1) You first entered service on or after July 1, 1985,

**and**

you had your pay reduced by \$100 per month for 12 months during service for education purposes.

**OR**

(2) You entered service (or agreed to delayed entry) before January 1, 1977,

**and**

you have educational assistance entitlement remaining under the Vietnam Era GI Bill.

**OR**

(3) You were voluntarily separated under the Voluntary Separation Incentive or Special Separation Benefit Program, and had your military pay reduced by \$1,200.

**OR**

(4) You were on active duty and eligible for VEAP benefits on October 9, 1996, elected MGIB benefits within one year from that date, and paid \$1,200 into the MGIB fund.

**ITEM 1B.** You may be eligible for VEAP/Non-Contributory VEAP if:

\* Your service began on or after January 1, 1977 through June 30, 1985,

**and**

\* you contributed to a VEAP account (unless your program was Non-Contributory VEAP). These programs are also referred to as chapter 32 and Section 903.

**ITEM 1C.** You may be eligible for Montgomery GI Bill - Selected Reserve benefits, also referred to as chapter 1606, if:

\* You are a member of the Selected Reserve or National Guard and meet certain requirements, such as the length of your reserve commitment.

Attach a copy of your DD Form 2384, Notice of Basic Eligibility. This form is also called a "NOBE". Your reserve unit (for example, the Army Reserve or the Army National Guard) issues this notice to you at the time you become eligible for Montgomery GI Bill - Selected Reserve benefits. If you are unable to obtain your copy, request a duplicate from your Selected Reserve unit.

**ITEM 1D.** If you are unsure which benefit applies to you, check Item 1D and explain in Item 18, REMARKS, why you think you are eligible.

**ITEM 2.** Show your name: first, middle initial, and last.

**ITEM 5.** Show your mailing address.

**ITEM 6.** Show your Social Security number unless you filed a previous VA claim of any kind and were assigned an 8-digit file number. If you were assigned an 8-digit file number, show both this number and your social security number.

**ITEM 8.** VA is required to make direct deposit to your financial institution unless direct deposit would cause you a hardship. If you wish direct deposit, the best method is to attach a voided personal check to your application.

Alternatively, you may provide the routing or transit number from either your checking or savings account. The routing or transit number is normally the left most 9-digit number at the bottom left side of a check. It has two bars (up and down) separating this number from the account number. The account number is the number just to the right of the routing number.

**Caution:** Not all VA computer systems can handle direct deposit at this time. We will let you know if your payments will go direct deposit. If direct deposit is not available, we will issue payment by check until such time as our computer systems are able to handle direct deposit.

**ITEM 9.** Please provide the name, address, and telephone number of someone who will always know where you can be reached. VA needs this information for administrative purposes.

**ITEM 10.** If you check "YES", list what benefit you claimed. Possibilities include disability compensation or pension, vocational rehabilitation, home loan, or education benefits. Education benefits possibilities are the Vietnam Era GI Bill (chapter 34), Dependents' Educational Assistance (chapter 35) and the programs shown in Item 1. If you have previously applied for education benefits based on someone else's service (Dependents' Educational Assistance), show that person's name and VA file number here.

**ITEM 11.** VA publishes information pamphlets for each benefit. The information pamphlets furnish general information on the benefit program you are applying for. You should have received one of the following information pamphlets with your application:

\* VA Pamphlet 22-90-2, Summary of Educational Benefits Under the Montgomery GI Bill -- Active Duty Educational Assistance Program, Chapter 30, of Title 38 U.S.C.

\* VA Pamphlet 22-90-3, Summary of Educational Benefits Under the Montgomery GI Bill -- Selected Reserve Educational Assistance Program, Chapter 1606, of Title 10 U.S.C.

\* VA Pamphlet 22-79-1, Summary of Educational Benefits Under the Post-Vietnam Era Veterans' Educational Assistance Program, VEAP.

If you check "NO" in Item 11, VA will send a pamphlet for the benefit you applied for. You may also request a pamphlet from the person who gave you this application.

**ITEM 12A.** If you have selected the school or training establishment you plan to attend, show this information here.

**ITEM 12B.** If you know the date your training program will begin, show the date here.

**ITEM 12C.** If you have decided on your educational, professional or vocational goal, list your final objective (for example, masters Degree, Certified Public Accountant, Computer Technician). List the course of study you will pursue to achieve that goal (for example, Bachelors Degree in accounting, Computer Technology Diploma).

**ITEM 12D.** Show the type of training you plan to pursue here.

**NOTE ON CORRESPONDENCE TRAINING:** If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interest before you sign a contract with the school. Information on correspondence courses is available at the nearest U.S. Veterans Assistance Center or VA regional office. The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike the other types of training programs listed, payments for correspondence courses are made quarterly after VA receives your certification showing the number of lessons you completed during the previous quarter. The information pamphlets described in Item 11 give additional information on payments.

You must affirm a contract for enrollment in a correspondence course more than 10 days after you sign the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

**NOTE ON FLIGHT TRAINING:** If you plan to enroll in a flight course, you must have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid **first-class medical certificate** on the date that you enter training. For all other courses, you must have a valid **second-class medical certificate** on the date that you enter training.

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE.** If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA Toll-Free at:

**1-888-GI-BILL-1 (1-888-442-4551)**

**or TDD 1-800-829-4833.**

**ITEM 13A.** If you are on active duty or on Terminal Leave (on leave continuously between the date that you last performed military duties until the date of your discharge from active duty), check "YES."

**ITEM 13C.** You can help us process your application faster if you attach the original or copy of your discharge papers (DD Form 214) for each period of active military service that you completed. If you don't have these discharge papers, we may have to request verification of your service from the military. This could delay our processing of your claim.

We will return all original documents that you submit with your application. If you have recorded the original document with a county recorder, you may submit a copy of that document instead of the original document. If you complete your application at a VA office, VA personnel can copy the original of any documents needed to support your claim. These documents are then returned to you immediately.

**ITEMS 13D through 13F.** Show the date you entered active duty, the date you were separated from active duty, and your branch of service, for each period **only if you are NOT attaching a copy of your DD Form 214 for each period of active duty.**

**NOTE: IF YOU HAD SERVICE DURING THE VIETNAM ERA:** If you enlisted before January 1, 1977 under the delayed enlistment program, and first entered on active duty between December 31, 1976 and January 2, 1978, attach a copy of your enlistment contract, training agreement, or military orders (dated before January 1, 1977) that directed you to enter active duty.

**ITEM 14C.** If you had any training in a technical or vocational school, college or university, or any other training past the high school level, please show details. If you attended a military service academy, you should so state, giving dates attended, and if you received a degree, the date of the degree. If you send a copy of your DD Form 214, you don't have to list other military training. If you worked in an apprenticeship or other on-the-job training program and apply for benefits for a similar program, show the name of the program, the dates attended, and the place (city and state) where you received this training. If you need more space, continue in Item 18, REMARKS.

**ITEM 15.** Show your occupation before and after leaving military service, and the approximate number of months in that occupation. If you ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating, and the State in which the license was held. If you held no license or rating, write "NONE." We only use this information if you apply for benefits for a similar program. Examples of a license include the following: lawyer, teacher, electrician, bricklayer, CPA, etc.

**ITEM 16.** These questions apply to active duty personnel, reservists, current and former ROTC participants, and government employees. All others should skip this item.

**NOTE:** VA (and not DOD) pays chapter 30 and 32 benefits. Tuition assistance and government employee training benefits are separate benefits from VA education benefits.

**ITEM 16A.** THIS QUESTION IS FOR ALL APPLICANTS ON ACTIVE DUTY OR IN THE SELECTED RESERVE. If you are receiving or anticipate to receive tuition assistance from the armed forces or the Public Health Service during any part of your training, you must check "YES" and show complete details in Item 18, REMARKS. Please identify the source of tuition assistance. If you aren't sure, explain why you think you might be eligible for tuition assistance in Item 18, REMARKS.

**ITEM 16B.** THIS QUESTION IS FOR ALL MEMBERS OF THE RESERVE OFFICERS TRAINING CORPS (ROTC). If you ever received, or plan to receive, a scholarship from the Reserve Officers Training Corps which pays a stipend, AND tuition, fees, books and supplies, you must check "YES," and show complete details in Item 18, REMARKS. If you aren't sure, explain why you think you might be eligible for an ROTC scholarship including tuition and fees in Item 18, REMARKS.

**ITEM 16C.** THIS QUESTION IS FOR ALL APPLICANTS WHO HAD PARTICIPATED IN, OR ARE CURRENTLY PARTICIPATING IN, AN ROTC SCHOLARSHIP PROGRAM. If you participated in, or are currently participating in an ROTC scholarship program and received or will receive an officer's commission upon completion of that program, show the date of your commission here.

**ITEM 16D.** THIS QUESTION IS FOR EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT DOES NOT INCLUDE ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. If you may receive benefits under the Government Employees' Training Act for your training, give us the full details in Item 18, REMARKS.

**ITEM 17.** THIS QUESTION IS ONLY FOR MONTGOMERY GI BILL VETERANS WHO ENTERED SERVICE (OR AGREED TO DELAYED ENTRY) BEFORE JANUARY 1, 1977 AND HAVE EDUCATIONAL ASSISTANCE ENTITLEMENT REMAINING UNDER THE VIETNAM ERA GI BILL. If you are currently married or if you have children under age 18 (under age 23 if they're in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return a VA Form 21-674 for each child. If your parent(s) are dependent on you for support, you should complete and return a VA Form 21-509.

**ITEM 18.** Use this space to give additional information that doesn't fit elsewhere on this form, or that you think will help VA process your claim. When using this space, refer to other Item numbers on this form to help us match your answers to the correct question. Attach additional sheets of paper if needed.

**ITEM 19. Be sure to sign and date the form in this item.**

**PART II.** Part II contains Items 20A and B which only apply if you are on active duty in the Armed Forces. Part II doesn't apply if you are in the Selected Reserve or if you are on terminal leave.

## GENERAL INSTRUCTIONS

**ADVANCE PAYMENT.** You may receive an advance payment if:

- \* Your school participates in the advance payment program,

**AND**

- \* you enroll in school on at least a half-time basis.

The advance payment will include benefits for the first month or partial month of training, and the following month. To request an advance payment, contact the school you will attend at least 30 days, but not more than 120 days, before the beginning of the term. VA will mail the advance payment check to the veterans certifying official at the school. The veterans certifying official will give you the check upon registration but no earlier than 30 days before classes begin.

**MORE HELP.** If you need help in completing this application, 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 education assistance even after normal business hours at our education internet site: **www.gibill.va.gov**.

### HOW TO FILE YOUR CLAIM

After completing the fill-in portion of the application, do the following:

#### **If you have selected a school or training establishment,**

- \* Give the completed portion of this application to the veterans certifying official at the school or training establishment you have selected.
- \* Request the certifying official to complete VA Form 22-1999, Enrollment Certification.
- \* Have the school certifying official send both your application and the Enrollment Certification to VA.

#### **If you have not selected a school or training establishment,**

- \* Send the completed portion of this application to the regional processing office in the region of your home address.

**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**

**Southern Region:**  
**VA Regional Office**  
**P. O. Box 10022**  
**Decatur, GA 30031-7022**

Serving the following states:

CT NY  
DE OH  
DC PA  
ME RI  
MD VT  
MA VA  
NH WV  
NJ Foreign Schools

Serving the following states:

CO MO  
IA MT  
IL NE  
IN ND  
KS SD  
KY WI  
MI WY  
MN

Serving the following states:

AK OK  
AZ OR  
CA TX  
HI UT  
ID WA  
NM Pacific Islands  
NV

Serving the following states:

AL NC  
AR PR  
FL SC  
GA TN  
LA US Virgin Islands  
MS

**PRIVACY ACT INFORMATION:** No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

**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 35 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 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.