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 (First, Middle Initial, Last)

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. See instructions for additional information. NO ID)

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 (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
   - STEPCOHD
   - ADOPTED CHILD

18. DO YOU OR THE QUALIFYING INDIVIDUAL ON WHOM ACCOUNT YOU ARE CLAIMING BENEFITS HAVE AN OUTSTANDING FELONY AND/OR WARRANT?
   - YES
   - NO

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

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

21A. TYPE OF BENEFIT
- [ ] CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRy SCHOLARSHIP)
- [ ] CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

21B. TYPE OF TRAINING
- [ ] COLLEGE OR OTHER SCHOOL
- [ ] FARM COOPERATIVE
- [ ] LICENSING OR CERTIFICATION TEST
- [ ] APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
- [ ] NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- [ ] CORRESPONDENCE COURSE (DEA Children not eligible)
- [ ] FLIGHT TRAINING (Fry Scholarship only)

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)

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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)

Sign Here

28B. DATE SIGNED