OMB Approved No. 2900-0209
Respondent Burden: 15 minutes

Department of Veterans Affairs

APPLICATION FOR WORK-STUDY ALLOWANCE

PART I - IDENTIFICATION INFORMATION

1. NAME OF APPLICANT *(First, Middle, Last)*

2. MAILING ADDRESS OF APPLICANT *(Number, and street or rural route, city or P.O., State and 9 digit ZIP Code)*

3A. VA FILE NUMBER *(For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator. For dependent's transfer of entitlement cases, enter the file number of the person who transferred entitlement to you)*

3B. SOCIAL SECURITY NUMBER *(If not shown in Item 3A)*

3C. DATE OF BIRTH OF APPLICANT *(Month, Day, Year)*

3D. SEX OF APPLICANT
☐ MALE ☐ FEMALE

4A. TELEPHONE NUMBER *(Include Area Code)*

4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU

DAYTIME	EVENING

5. EDUCATION BENEFIT RECEIVING

☐ CHAPTER 30 *(Montgomery GI Bill - Active Duty)*
☐ CHAPTER 31 *(Vocational Rehabilitation)*
☐ CHAPTER 32 *(Veterans Educational Assistance Program)*
☐ CHAPTER 33 *(Post- 9/11 GI Bill)*
☐ CHAPTER 35 *(Dependents Educational Assistance)*
☐ CHAPTER 1606 *(Montgomery GI Bill - Selected Reserve)*
☐ CHAPTER 1607 *(Reserve Educational Assistance Program)*
☐ TRANSFER OF ENTITLEMENT PROGRAM *(Parent or Spouse entitled to benefits)*

PART II - SCHOOL INFORMATION

6A. NAME AND COMPLETE ADDRESS OF SCHOOL

6B. CURRENT ACADEMIC OR TRAINING PROGRAM

7. CURRENT ENROLLMENT INFORMATION		8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND	
A. BEGINNING DATE *(Month, Day, Year)*	B. ENDING DATE *(Month, Day, Year)*	A. BEGINNING DATE *(Month, Day, Year)*	B. ENDING DATE *(Month, Day, Year)*

PART III - WORK STUDY INFORMATION

9. ADVANCE PAYMENT - DO YOU WANT AN ADVANCE PAYMENT? *(See instructions for information on advance payment on reverse under "How Much Can I Earn?")*

☐ YES ☐ NO

10. HAVE YOU EVER PARTICIPATED IN THE VA WORK-STUDY PROGRAM BEFORE? *(If "YES," please state where you worked)*

☐ YES ☐ NO

11. WORK SITE PREFERENCE *(Tell us the school, VA facility or other government facility where you would prefer to do VA related work. Be specific as many facilities have the same name or perform the same services in different locations or cities.)*

VANCOUVER VA MEDICAL CENTER

12. WORK EXPERIENCE (*Tell us about the jobs you had before, other than VA work-study jobs. Please be as specific as possible. If you have no work experience, place "NONE" in this space. If needed, attach a separate sheet with your work-history)*

13. SPECIFY THE DAYS AND HOURS DURING THE WEEK YOU ARE AVAILABLE TO WORK

(X)	DAYS	WHEN AVAILABLE (From & To)	
	MONDAY		
	TUESDAY		
	WEDNESDAY		
	THURSDAY		
	FRIDAY		

14. QUALIFICATIONS *(Tell us about any special qualifications you have based on your education or work experience. Include any experience in information technology. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)*

15. SIGNATURE OF APPLICANT *(Do not print)*

16. DATE SIGNED

PRIVACY ACT INFORMATION: VA will not disclose information collected by this information collection to any source other than what has been authorized by the Privacy Act of 1974 or Title 38 Code of Federal Regulations 1.576 for routine uses as identified in VA's system of records, 58 VA 21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA as published in the Federal Register at http://www.rms.oit.va.gov/SOR_Records/58VA21_22.asp. An example of a 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 benefits". We cannot pay you any work-study benefits until we receive this information (38 U.S.C. 3485). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for VA work-study benefits. 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 the 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 www.whitehouse.gov/omb/library/OMBINV.VA.EPA.htm#VA. 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.

EXISTING STOCKS OF VA FORM 22-8691, MAR 2009, WILL NOT BE USED.

STUDENT WORK-STUDY ALLOWANCE PROGRAM

WHO IS ELIGIBLE?
You are eligible if you're training in a college degree, vocational, or professional program at least three-quarter time. You can receive a work-study allowance (in addition to your education benefits) based on the number of hours of work you perform. A work-study allowance is available under most educational assistance programs administered by VA.

HOW MUCH CAN I EARN?
Your hourly pay rate will be the greater of:
(1) The Federal minimum wage; or
(2) The minimum wage for the State in which you are working.
The total number of hours you can work cannot be more than 25 times the number of weeks in your enrollment period. If you elect to receive an advance payment, VA will make your first payment in advance of your work for the lesser of:
(1) 40 percent of the total amount of the work-study allowance to be paid under your contract agreement with VA; or
(2) 50 hours at your hourly pay rate.
You can only receive one advance payment per contract agreement (original contract agreement and any extension to that contract agreement).
If you do not elect to receive an advance payment, VA will pay you for any hours after you work the hours.
Your final payment will be for the lesser of:
(1) 50 hours; or
(2) The number of hours remaining on your contract.

WHAT TYPE OF WORK MAY I DO?
You may do the following types of VA-related work:

- VA paperwork at schools;
- VA paperwork at VA offices or facilities;
- VA outreach services under VA supervision;
- Outreach services as provided by a State approving agency;
- Provide hospital, home-care, or medical treatment to veterans at VA medical facilities or other approved facilities (including a State home receiving VA per diem assistance);
- Administrative (office) work at a national cemetery or a State veteran's cemetery;
- Work at Department of Defense facilities related to education benefits under the Montgomery GI Bill-Selected Reserve (MGIB-SR) or the Reserve Educational Assistance Program (REAP).
  NOTE: Only claimants receiving MGIB-SR or REAP benefits can do this type of work.

Official Business
Penalty for Private Use $300

Department of Veterans Affairs

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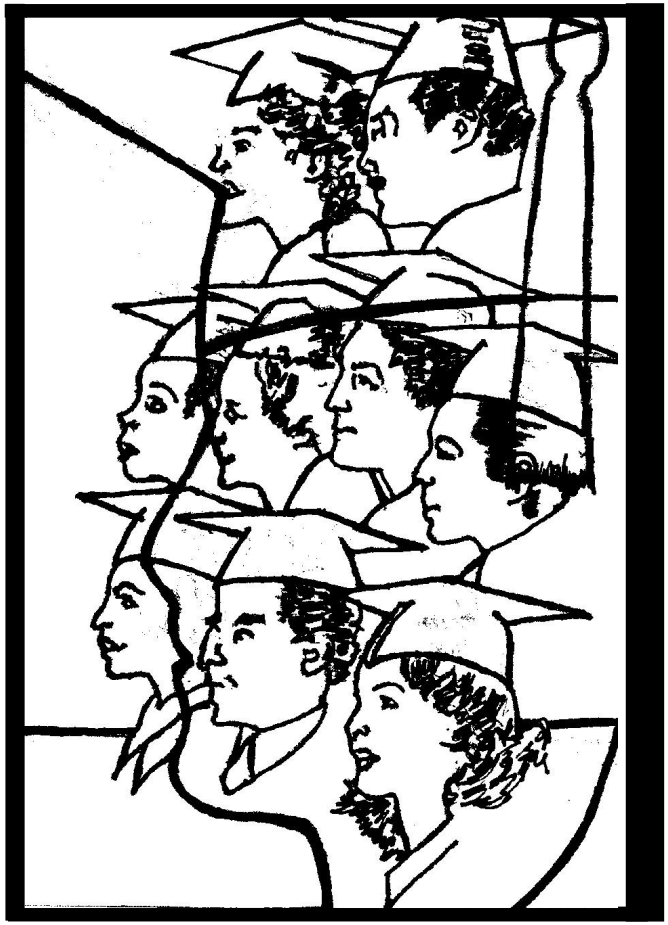
Student Work-Study Allowance Program



Veterans Benefits Administration

HOW DO I APPLY?
Complete the form on the other side of this page, and mail it to the VA Regional Processing Office that handles your education claim. You can get more information or send us an email via VA's website www.gibill.va.gov by clicking on "Questions and Answers" and then clicking on "Ask a Question & Find an Answer." Or you can call us at our toll-free number, 1-888-GIBILL-1(1-888-442-4551). If you use the Telecommunications Device for the Deaf, the Federal Relay number is 711.