OMB Approved No. 2900-0209
Respondent Burden: 15 minutes
Expiration Date: 06/30/2027

VA | U.S. 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 and your Payee Number).*

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

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

4A.TELEPHONE NUMBERS

CELL: HOME:

4B. EMAIL ADDRESS

5. EDUCATION BENEFIT RECEIVING

- ☐ CHAPTER 30 *(Montgomery GI Bill - Active Duty)*
- ☐ CHAPTER 31 *(Veteran Readiness and Employment)*
- ☐ HIGH TECHNOLOGY PROGRAM (VET TEC 2.0)
- ☐ CHAPTER 33 *(Post- 9/11 GI Bill)(Including Fry, TOE, and STEM Scholarships)*
- ☐ CHAPTER 35 *(Dependents Educational Assistance)*
- ☐ CHAPTER 1606 *(Montgomery GI Bill - Selected Reserve)*

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.)*

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. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)*

15. SIGNATURE OF APPLICANT *(Sign in ink) (Do not print)*

By signing this box, I, the applicant, understand that I may not engage in VA Work Study duties until approved by VA.

16. DATE SIGNED

INFORMATION

WHO IS ELIGIBLE?

You are eligible if you're training in a college degree, vocational, or professional program at least three-quarter time (or 75% Rate of Pursuit under Post 9/11 GI Bill). You can receive a work-study allowance (in addition to your education benefits) based on the number of hours of work you work.

HOW MUCH CAN YOU 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 CAN YOU DO?

Position description duties (job activities) must be provided with the initial application from your Work Site, or if changes are made to the Work Site Activities.

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 provided by a State Approving Agency (SAA);
- Provide hospital, homecare, 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 veterans' cemetery;
- Work at Department of Defense facilities related to education benefits under the Montgomery GI Bill-Selected Reserve (MGIB-SR).

  NOTE: Only claimants receiving MGIB-SR (Chapter 1606) benefits can do this type of work.

NOTE: Educational facilities and Offices of Members of Congress are limited to the type of work/duties their Work Study students can perform. These include, but are not limited to the following:

- **Dissemination of general information regarding Veteran benefits and/or services;**
- **Preparation, processing, maintaining and organizing Veteran-related files;**
- **VA outreach in a cooperative supervisory effort with a VA employee who is controlling the work activities;**
- **Performance of work specifically listed in the Work Site's job description;**
- **Tasks that require 100% performance of VA-related activities;**
- **Work for the specific Work Site listed on the contract agreement/time record;**
- **Assisting Congressional Offices with preparing VA benefits claims;**
- **Distributing information from Congressional Offices to others about VA and Non-VA benefits.**

NEED MORE HELP?

You can get more information or send us an email via VA's website www.gibill.va.gov by clicking on “Contact Us” and then clicking on “Contact us online through Ask VA”. 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. You can get more VA Work Study benefit specific information at https://www.va.gov/education/about-gi-bill-benefits/how-to-use-benefits/work-study/.

HOW DO I APPLY?

Complete this form and submit it through AskVA by going to https://ask.va.gov/ or, you can mail it to the Muskogee VA Regional Processing Office at P. O. Box 8888, Muskogee, OK 74402-8888.

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 the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA 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: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0209, and it expires 06/30/2027. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at **VACOPaperworkReduAct@VA.gov**. Please refer to OMB Control No. 2900-0209 in any correspondence. Do not send your completed VA Form 22-8691 to this email address.