

VETERANS ON LINE APPLICATION



Applying for benefits through VONAPP
www.vabenefits.vba.va.gov/vonapp

So what is this VONAPP site and what can I do on it?



What does the name "VONAPP" mean?

VONAPP is an acronym for Veterans On Line Applications.

What can I do on this web site?

You can apply for VA Veterans Pension, education, vocational rehabilitation and employment, and burial benefits.

What can I use VONAPP for?

To file for **vocational rehabilitation and employment**, veterans and some service members may use VONAPP. Service members will enter their estimated release from active duty date or retirement date.

To file for **education benefits**, veterans, service members, reservists, and spouses/dependents of a "service connected" disabled or deceased veteran may use VONAPP. If the benefit you're applying for isn't listed as an option on the VONAPP form (REAP chapter 1607 for example) check unsure for the benefit type and use the remarks section of the application to indicate which benefit you wish to apply for.

To file for **Veterans Pension benefits**, veterans may use VONAPP.

Refer to "Who Should use VONAPP?" on the VONAPP Homepage for a complete discussion, or contact the VA National Call Center toll-free 1-800-827-1000 if you are unsure whether to use VONAPP to submit a claim.

What can I do to help get my application processed faster?



The more complete your application is when you send it, the faster it will be processed. Filling in questions accurately and completely greatly helps the VA process your claim. For instance, if you are claiming service connection for a certain medical disability, tell us how that disability is related to your military service.

If you have questions about filling out an education form, please call 1-888-GI BILL (1-888-442-4551).

If you have questions about filling out a vocational rehabilitation and employment or burial application, please call the toll-free number at 1-800-827-1000 for assistance.

Can I attach documents to my claim?

Do I have to complete every question?



Yes. You can attach up to 5 electronic files to your VONAPP application before you submit it using VONAPP. The total size of all attachment must be one megabyte or less and must be one of the following file types VONAPP can accept:

- .doc (Word document file)
- .xls (Excel spreadsheet file)
- .gif, .jpeg, .jpg, .bmp, .tif (picture files)
- .txt (text file)
- .pdf (Adobe Acrobat file)

No. There may be questions that do not pertain to you. However, there are some questions that will require an entry, like your name, mailing address, Social Security number, etc. Unless the form tells you not to fill out a question, complete it if you think it relates to your claim.

What if I filled out the application on screen and printed it out without submitting it electronically?

Will using VONAPP make the application process easier?



If you filled out and printed your application but did not submit it electronically, sign the application where required and mail it to the VA as soon as possible. Be sure the bottom of all application pages contains the automatically generated VONAPP confirmation number as well as your name, and date. Add your VA File number, if known. The address for mailing your application is located on your confirmation page.

If you have questions about filing our your application form, please call our toll-free number at 1-800-827-1000 for assistance.

Yes and no. Depending on which benefits you are applying for, there may be a lot of information needed to complete your application. It will require time and patience whether you use the paper form or use VONAPP; but VONAPP will guide you through the form and supply you with help topics. It also edits certain items so that you will have fewer typing errors. Shorter VONAPP forms will take less time to complete.

If I need help to fill out any forms, who is available?



Help is available from many sources.

For help on compensation, pension, or vocational rehabilitation and employment forms, you can call the National Call Center toll-free at 1-800-827-1000.

For help on education forms you can call 1-888-GI-BILL-1 (1-888-442-4551).

You can seek help from a National, County, or local service organization, an agent or an attorney. From the VONAPP Home Page, click on the "VA Partners" button or "State and County Organizations and Other Help" for detailed information.

So what is the web address and can you walk me through it?



The web address for VONAPP is
<http://www.vabenefits.vba.va.gov/vonapp>

So this is the first page I saw, What do I do next?



VONAPP Home

What is VONAPP?

First we have to set up an account

What do VONAPP?

Frequently Asked Questions

VA Partners - Service Organizations

State & County Organizations and Other Help

Instructions for filling out Applications

Veterans On-Line Application (VONAPP)

Welcome to the new and improved Veterans On-Line Application (VONAPP) website. Please select one of the following choices to begin using VONAPP.

I Am a New VONAPP User

OR

I Have Used VONAPP Before

(Please select this option if this is your first time using the VONAPP website.)

(Please select this option to Resume or Print a previous application.)

NEWS FLASH MESSAGE:

Effective April 6, 2014 – Use VONAPP for Pension claims. If you are a Veteran with an existing VONAPP account, please select *I Have Used VONAPP Before*. If you do not have an account, please select *I Am a New VONAPP User*.

You cannot use VONAPP to submit a Compensation claim. If you want to submit a Compensation claim online, please use the "Apply for Benefits" section on the eBenefits homepage.

Claims for Veterans Pension Benefits, Education benefits, Vocational Rehabilitation & Employment benefits, and Burial benefits can still be submitted online through VONAPP.

Can I access my incomplete form in VONAPP?

Partially completed forms and forms saved but not submitted can be accessed in VONAPP for 30 days following the date you started your application. After 30 days, claims not submitted are removed from the system.

FAQ Help Contents

What is a DoD Self-Service Logon?

What is a VONAPP Account?

Frequently Asked Questions

Do you have a DoD Self-Service Logon (eBenefits Account)?

Yes, I'll Log-in Now

(Please select this option to log in with your existing DS Logon / eBenefits Account)

No, Create a VONAPP Account

(Please select this option to signup for a VONAPP account. Note: this account is only valid for VONAPP, and will not work for other VA websites.)

Ok, I clicked create a new account, now what?



If you already have an account use this link.

If you do not have an account use this link.

FAQ Help Contents

How long can my username and password be?

VONAPP Sign-Up: To create your username for VONAPP, enter a username, password, password hint and email address. Remember this information because your username and password are needed every time you enter VONAPP. Passwords must be between 8-15 characters in length, and contain each of the following: 1 or more lowercase letter(s), 1 or more uppercase letter(s), one or more number(s). Your password hint may not contain your password.

What is a VONAPP account?

Caution: Do **not** use your Social Security Number (SSN), birthday or any other unique identifying information in your username, password or password hint. Your username and password should not be easily "guess-able" by others.

What is a DoD Self-Service Logon?

What if I already have an account?

Username:

Password:

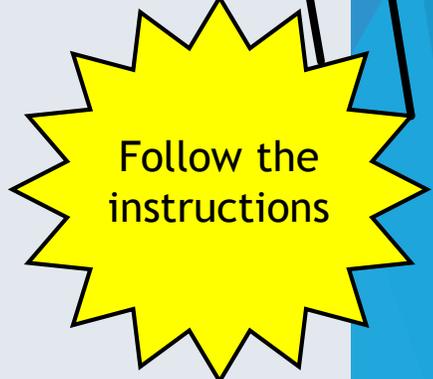
Password Hint:

E-mail Address:

Frequently Asked Questions

Your e-mail address will be used to send you your password if you request it and to notify you when VA downloads your electronically submitted application. We may also contact you by e-mail for more information about your application.

Back / Continue



Ok, I selected Create a VONAPP account. What's this?



Ok, it took me back to this page.



VONAPP Home

What is VONAPP?

Who should use VONAPP?

What do I need to run VONAPP?

Frequently Asked Questions

VA Partners - Service Organizations

State & County Organizations and Other Help

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OR

I Have Used VONAPP Before

(Please select this option if this is your first time using the VONAPP website.)

(Please select this option to Resume or Print a previous application.)

Now you have an account

NEWS FLASH MESSAGE:

Effective April 6, 2014 – Use VONAPP for Pension claims. If you are a Veteran with an existing VONAPP account, please select *I Have Used VONAPP Before*. If you do not have an account, please select *I Am a New VONAPP User*.

You cannot use VONAPP to submit a Compensation claim. If you want to submit a Compensation claim online, please use the "Apply for Benefits" section on the eBenefits homepage.

Claims for Veterans Pension Benefits, Education benefits, Vocational Rehabilitation & Employment benefits, and Burial benefits can still be submitted online through VONAPP.

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● [FAQ](#) ○ [Help](#) ○ [Contents](#)

VONAPP Login

Please enter your Username and Password to log in using a VONAPP Account. If you do not have an account, or have forgotten your username or password please click on one of the links below to sign-up for a new account, or retrieve your username or password.

Username:

Password:

[Sign-Up Now](#) | [Forgot Username/Password](#)

[What is a VONAPP account?](#)

[What is a DoD Self-Service Logon?](#)

[What if I don't have an account?](#)

[What if I forget my username or password?](#)

[Frequently Asked Questions](#)

So now I just enter my username and password!



Wow there is a lot of forms. Which one do I need?



● FAQ ○ Help ○ Contents

About Form 21-526

About Form 21-530

About Form 21-686c

About Form 21-4138

About Form 22-1990

About Form 22-1990E

About Form 22-1990N

About Form 22-1990R

About Form 28

About

Are you on duty?

Create A New Form

Please select the VA Form you want to fill out from the dropdown list below:

[Add New Form](#)

Account Info

Do you want to change your current password or e-mail address? You can do so by choosing the link below.

[Change my password](#)

[Change my e-mail address](#)

These links will explain each form

Continue

FAQ Help Contents

Why is this information important to me?

Frequently Asked Questions

Explanation of the Privacy Act and Respondent Burden

VA Form 22-1990, Application for Education Benefits

OMB Approved No. 2900-0154 Respondent Burden: 15 Minutes

Privacy Act Notice

The 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, section 1.576 for routine uses (e.g., VA sends 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 the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Read the Privacy Act then select Continue.

Ok, I selected my form, what's this?



Back / Continue

FAQ Help Contents

Why is this information important to me?

Frequently Asked Questions

Respondent Burden

We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). 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 (Office of Management and Budget) 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 <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Social Security Information

You are required to provide your Social Security number (38 U.S.C. 5101(c)). VA may disclose Social Security numbers as authorized under the Privacy Act.

Back / Continue

Ok, just more reading about my information.



This is an explanation of what VONAPP needs. Read then click Continue.

FAQ Help Contents

Please select either "yes" or "no". But if you select "no", you cannot use VONAPP to fill out any applications.

Why do I have to say yes to fill out the form?

Frequently Asked Questions

Yes, I have read the explanation of the Privacy Act and respondent burden.

OR

No, I have not read the explanation of the Privacy Act and respondent burden.

Back / continue disabled

Click Yes, once you have read all the previous pages.



After this screen you will be able to fill out your application.

PART I - APPLICANT AND BENEFIT INFORMATION
 (All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last)			VA FEE STAMP (Do Not Write In This Space)	
1B. SOCIAL SECURITY NUMBER OF APPLICANT	1C. VA FILE NUMBER (If previously assigned)			
2A. APPLICANT'S ADDRESS (Complete street address, city, state, and 9 digit ZIP Code)				
2B. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS	3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
			A. DAY	B. NIGHT
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check <input checked="" type="checkbox"/> the box next to each benefit you wish to apply for)				
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you:				
<ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C. chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 				
<input type="checkbox"/>				
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985.				
(NOTE: Department of Defense (DoD) determines eligibility for this program.)				
<input type="checkbox"/>				
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations.				
(NOTE: Department of Defense (DoD) determines eligibility for this program.)				
<input type="checkbox"/>				
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you:				
<ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 				
<input type="checkbox"/>				
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you:				
<ul style="list-style-type: none"> entered on or after October 1, 2003, under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options.				
(If you checked this box, be sure to complete Part IV)				
<input type="checkbox"/>				
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you:				
<ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (Chapter 30), AND believe that your parent or spouse transferred entitlement to you 				
(If you checked this box, be sure to complete Part V)				
<input type="checkbox"/>				

This is only used if you have applied for benefits before

Ok we are just going to look at Form 22-1990



CH. 30

CH. 1606

CH. 1607

CH. 32

CH. 31

Transfer

5. DIRECT DEPOSIT INFORMATION
 Please send a voided personal check or provide the following information.
 Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)

A. TYPE OF ACCOUNT
 CHECKING SAVINGS I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER
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E. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)

<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit) _____ <input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31) <input type="checkbox"/> E. OTHER (Specify benefit) _____	<input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit) _____ <input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B) <input type="checkbox"/> F. NONE
--	---

NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D

7A. NAME OF PARENT/SPOUSE (See Instructions)	7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)
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8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)
 YES NO

9. PROGRAM OF EDUCATION OR TRAINING

A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)
 YES NO

B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?
 YES NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9.A. If you have not selected a program, leave this item blank.)

C. EDUCATION OR TRAINING WILL BE BY? (Check more than one if necessary)

<input type="checkbox"/> COLLEGE OR OTHER SCHOOL	<input type="checkbox"/> CORRESPONDENCE COURSE	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP
<input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	
<input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT	<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "no.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	COMPLETE NAME AND ADDRESS OF SCHOOL (Complete street address, city, state and 9 digit ZIP Code)
---	--

E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you do know this date, check "Yes." Specify this date. If you do not know this date check "no.")	DATE (Month, Year) OF ANTICIPATED BEGINNING SCHOOL OR TRAINING
---	--

F. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," write in Item 9G the name of the course, when you originally took this course, and why you plan to repeat it.)	G. INFORMATION ABOUT REPEATED COURSE
--	---

Select the same benefit as you selected on the first page.

Second page of Form 22-1990



Third page of Form 22-1990

Make sure you list FTA, this will be verified



M-Day soldiers will check NO here do not get confused

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT
 If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

YES NO (If "Yes," show the source of these funds) ▶

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"

YES NO ▶

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12c. If "No," complete Item 12b.)

YES Date _____ NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12c.)

YES Date _____ NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate)

YES NO ▶

EMPLOYMENT (Complete ONLY if you served in the military)			
EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service			
F. After Leaving Military Service			

PART II - SERVICE INFORMATION (All applicants must complete this part)

13. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.)

YES NO

B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave)

YES NO

Date leave began: _____ Date of expected discharge: _____

Please complete Items 14A through 14F for each period of your active duty. It will help VA process your claim if you send a copy of your DD214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (Time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?
 YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?
 YES NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "IMA" in Item 16E for each period of reserve service if you were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (if applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or reenlistment in the Reserve or National Guard from a specialty or specialized area.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)
 YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B) IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)
 YES NO

Page 4 of Form 22-1990



Instructions

Instructions

Kwill be icker verified



This is only referring to incentives for National Call to Service Contracts.

PART III - MONTGOMERY GI BILL QUESTIONS
 (Complete this part only if you are applying for chapter 30 benefits)

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, check "Yes.")	<input type="checkbox"/>	<input type="checkbox"/>
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____	<input type="checkbox"/>	<input type="checkbox"/>
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help to send us a copy of your kicker contract.	<input type="checkbox"/>	<input type="checkbox"/>
COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____	<input type="checkbox"/>	<input type="checkbox"/>
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Scholarship Amounts: _____ Commission date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Year: _____ Amount: _____		

MARITAL AND DEPENDENCY STATUS

NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.

QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
19B. DO YOU HAVE ANY CHILDREN WHO ARE: (1) UNDER AGE 18? <u>OR</u> (2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? <u>OR</u> (3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?	<input type="checkbox"/>	<input type="checkbox"/>
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

PART IV - NATIONAL CALL TO SERVICE QUESTIONS

(Complete this part only if you are applying for this benefit)

20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM?
 YES NO

20B. DID YOU RECEIVE AN EDUCATION ASSISTANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received)
 YES NO

20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)

EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

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22-1990



Do not forget to sign the form. It will not be processed without a signature

This entire section is for
Transferring Benefits

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

21A. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?
 SPOUSE SURVIVING SPOUSE CHILD

IMPORTANT: If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-686c. See instructions.

21B. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last) 21C. VETERAN OR SERVICE MEMBER'S SEX
 MALE FEMALE

21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH 21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)			
EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to other item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

(All applicants must complete this part)

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.

23A. FULL NAME OF APPLICANT (PRINTED)

23B. SIGNATURE OF APPLICANT (Do NOT Print) (Minor children must also have their parent or guardian sign in this item)

SIGN HERE IN INK ▶

23C. DATE SIGNED

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY

(Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave)

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.

24A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

24B. DATE SIGNED

About Form 22-1990

Use VA Form 22-1990 form to apply for educational assistance under the following benefit programs:

A review of what Form 22-1990 is used for



Chapter 33, Post-9/11 GI Bill
Chapter 30, Montgomery GI Bill (MGIB)
Chapter 32, Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)

Chapter 1606, Montgomery GI Bill - Selected Reserve (MGIB-SR)

Chapter 1607, Reserve Educational Assistance Program (REAP)

Do not use this form to apply for: Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at www.va.gov/vaforms or can be obtained from the nearest VA regional office.

Check on Learning



what
have we
learned
today

Question

Answer

What does the name "VONAPP" mean?

VONAPP is an acronym for Veterans On Line Applications.

What can I do on the VONAPP site?

You can apply for VA Veterans Pension, education, vocational rehabilitation and employment, and burial benefits.

What's the web address of VONAPP?

<http://www.vabenefits.vba.va.gov/vonapp>

What form do you use to apply for educational benefits?

Form 22-1990

Can I attach documents to my claim?

Yes. You can attach up to 5 electronic files to your VONAPP application before you submit it using VONAPP. The total size of all attachment must be one megabyte or less and must be one of the following file types VONAPP can accept:

- .doc (Word document file)
- .xls (Excel spreadsheet file)
- .gif, .jpeg, .jpg, .bmp, .tif (picture files)
- .txt (text file)
- .pdf (Adobe Acrobat file)

QUESTIONS?

