Department of Veterans Affairs				
APPLICATION FOR WORK-STUDY ALLOWANCE (38 U.S.C. Chapters 30, 31, 32 and 35; 10 U.S.C. Chapter 1606)				
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., St	ate and 9 digit ZIP Cod	de)	
3A. VA FILE NUMBER (For chapter 35, enter the veteran's file number include the suffix indicator. For chapter 30 dependent's transfer c 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			
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 30 (MONTGOMERY GI BILL - Active Duty) CHAPTER 35 (DEPENDENTS EDUCATIONAL ASSISTANCE) CHAPTER 32 (VETERANS EDUCATIONAL ASSISTANCE PROGRAM)				
	,	INFORMATIO	,	FROGRAM)
6A. NAME AND COMPLETE ADDRESS OF SCHOOL	6B. CURRENT ACADEMIC OR TRAINING PROGRAM			
7. CURRENT ENROLLMENT INFORMATION		8. NEXT ENROLLMENT PER		-
A. BEGINNING DATE (Month, Day, Year) B. ENDING DATE (Month, Day, Year)		A. BEGINNING DA (Month, Day, Year)		B. ENDING DATE (Month, Day, Year)
9. ADVANCE PAYMENT - DO YOU WANT AN ADVANCE PAYMENT "How Much Can I Earn?")				under
10. HAVE YOU EVER PARTICIPATED IN THE VA WORK-STUDY 11. WORK SITE PREFERENCE (Tell us the school, VA facility or other government facility				
PROGRAM BEFORE? (If "YES," please state where you worked)	where you we	ould prefer to do VA re	elated work. Be specific ervices in different location	as many facilities have the
12. WORK EXPERIENCE (Tell us about the jobs you had before, 13. SPI		THE DAYS AND HOURS DURING THE WEEK YOU ARE AVAILABLE TO WORK		
other than VA work-study jobs. Please be as specific as possible. If you have no work experience, place "NONE" in this space. If	(X)	(X) DAYS WHEN		AILABLE (From & To)
needed, attach a separate sheet with your work-history)		MONDAY		
		TUESDAY		
		THURSDAY FRIDAY		
14. QUALIFICATIONS (Tell us about any special qualifications you ha		ucation or work experi-		ience in information
technology. Also, tell us what kinds of jobs interest you. If needed	d, attach a separate s	heet with this informat	ion)	
15. SIGNATURE OF APPLICANT (Do not print)		16. DATE SIGNED		
PRIVACY ACT INFORMATION: No benefits may be paid unless a c necessary to determine your eligibility to the benefit for which you ar authorized under the Privacy Act, including the routine uses identifie published in the Federal Register.	e applying. The resp	onses which are subm	nitted may be disclosed of	outside VA only if the disclosure is
RESPONDENT BURDEN: VA may not conduct or sponsor, and res Number. Public reporting burden for this collection of information is existing data sources, gathering and maintaining the data needed, a	estimated to average nd completing and re	15 minutes per responsion viewing the collection	onse, including the time f of information. If you ha	for reviewing instructions, searching ave comments regarding this burden
estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.          VA FORM NOV 2002       22-8691       SUPERSEDES VA FORM 22-8691, JAN 1999, WHICH WILL NOT BE USED.				

# STUDENT WORK-STUDY ALLOWANCE PROGRAM WHO IS ELIGIBLE?

You are, if you're receiving VA education benefits for full-time or 3/4-time training in a college degree, vocational, or professional program. A work-study allowance is available for the education programs shown under most education benefits programs.

### HOW MUCH CAN I EARN?

You can earn the federal minimum wage or your State minimum wage, whichever is greater.

The total 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 pay you for any hours after you work them. The advance payment will be for the lesser of (1) 40% of the total hours of your work-study agreement, or (2) 50 hours. You can only receive one advance payment per contract (original contract and all extensions of that contract). Subsequent payments are made after you work 50 hours. The final payment is for the lesser of

(1) 50 hours or (2) the 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 or VA offices;
- Outreach services under VA supervision or furnished by a State approving agency employee;
- •Work at Department of Defense facilities related to education benefits under the GI Bill;

NOTE: Only claimants attending under the Montgomery GI Bill - Selected Reserve, (Chapter 1606, Title 10, U.S.C.) can do this type of VA related work.

- Work assisting the care of veterans in a State home receiving VA per diem assistance;
- Work at VA medical facilities; OR
- •Work assisting the administration of a National Cemetery or a State veterans' cemetery.

Official Business Penalty for Private Use \$300

# Department of Veterans Affairs



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 your nearest VA office that handles work-study applications. (Not all VA offices handle work-study applications). For information, call us at 1-800-827-1000. If you're hearing impaired, call us at 1-800-829-4833.