The Image Management System (TIMS) Clerk Training and Performance Support System



Module 2

Lesson 1 – Active Documents

Posttest

October 15, 2008

List of Effective Pages

Order	Item	No. of Pages	Change in
Number			Effect
	List of Effective Pages	1	V01
	Record of Changes	1	V01
Orderno 02_1	TATU	1	V01
Orderno 03_1	VSIGN	1	V01
Orderno 06_1	VA Form 22-1999	1	V01
Orderno 07_1	VA Form 22-5490	3	V01
Orderno 09a_1	VA Form 22-5490	3	V01
Orderno 11_1	DD Form 214	1	V01
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Orderno 15_1	VSIGN	1	V01
Orderno 17_1	VA Form 22-1999	1	V01
Orderno 18-1	VA Form 22-1990	6	V01
Orderno 22_1	NOD	1	V01
Orderno 24_1	TATU	1	V01
Orderno 26_1	LAC	2	V01
Orderno 29_1	LAC	2	V01
Orderno 30_1	Marriage Certificate	1	V01
Orderno 32_1	Training Agreement	1	V01
Orderno 33-1	NOD	1	V01
Orderno 34_1	DD Form 214	1	V01
Orderno 35_1	Marriage Certificate	1	V01
Orderno 37_1	VA Form 22-1999	1	V01
Orderno 38_1	TATU	1	V01
Orderno 39_1	Birth Certificate	1	V01
Orderno 40_1	Marriage Certificate	1	V01
Orderno 41a_1	VA Form 22-1990	6	V01
Orderno 42_1	LAC	2	V01
Orderno 43_1	VA Form 9	1	V01
Orderno 45_1	VA Form 9	1	V01

Record of Changes

Version and Change Number	Date	Description

Authority For Tuition Assistance - Education Services Program AUTHORITY: 10 U.S.C. 8013 and EO 9397. PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information. DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance. Student Personal Data: RANK 200 LASTNAME - FIRSTNAME - MIDDLE INITIAL Wilson, Jerome Michael 04 000-00-0017 Naval ORGANIZATION DUTY PHONE NAME OF SCHOOL Student Enrollment Data: Code Course Title Hours Start Date End Date Level Loc Cost Pay Meth MCT5305 Dynamic Meteorology 1 M 09-07 12-07 1053 Total Lab Fees Total Course Cost Total Government Cost Total Student Cost Per Hour Cost \$1053 Conditions and Certifications I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition or fee. I agree to pay the remaining amount and any other costs and fees. I will reimburse the Air Force for the above amount if I fail to complete the course for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans Administration (VA) Education Allowances, VEAP, etc.). I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement. I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will Initial: disenroll from the above course before the first class meeting. IMWSignature of Applicant: Date: Jerome Michael Wilson 09-15-07 Verification By MPF/ESO (Education Services Office) Initial: Approved. This applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available. Disapproved Because: Date: Signature of Education Services Officer Representative: Mail Invoices To: Accounting Classification: Master Account TA Doc # FFIC Amount to be invoiced:

AF Form 1227

APPLICATION FOR VA EDUCATION BENEFITS

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

privacy act information: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respond. c Burden: 35 minutes Form Date: July 2000

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY
ATLANTA, GA
4

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

PENALTY: Willfully false statement 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.

Maria E Ethridge SIGNATURE OF APPLICANT (80 NOT PRINT) 10-24-07

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY 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.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION SERVICE OFFICER

DATE SIGNED

SSN:

Conf.#: Submission Date: VA Form 22-1990 (VONAPP) Page 8 of 8

TIMS Clerk M2L1PT Claimants Orderno:03_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 03 For Training Purposes Only. Date Rec'd:

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

NOTE - Complete Item 17 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 188. Do not complete Item 17 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c). NOTE - READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 18A THROUGH 18E BELOW. CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified. 18B. SCHOOL NAME AND ADDRESS Georgia Southern University Statesboro, GA 30458 18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL 18D. DATE SIGNED 17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION 17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION 18D. DATE SIGNED 18D. DATE SIGNED	torm.					Respone	ient Burden: 10 m	nutes		
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A FORM 22_1000 SUPERSEDES VA FORM 22-1999, MAR 2003, VA COPY 1	VA FORM 22.4	000	QI IDEDGEDEG	VA FORM 22-1000 MAD	2003		3/4 0	OPV 4		

TIMS Clerk M2L1PT Claimants Orderno:06_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 06 For Training Purposes Only. Date Rec'd:

					OMB Approved No. 2900-0098 Respondent Burden: 45 minutes	
M Department of Veterans A	Mairs APPLICAT	(U	Inder Pro	'S' AND DEPENDENT visions of Chapter 35, Ti ched Information and I		
INTERNET VERSION AVAILABLE - You m	nay complete and send y	our application o	ver the Int	ernet at: www.gibill.va.gov		
	PART	I - APPLICAN	T INFORM	MATION		
1A. NAME OF APPLICANT (FIRST-MIDDLE-LAS	ST)	1B. SOCIAL SE	CURITY N	JMBER OF APPLICANT	1C. DATE OF BIRTH OF APPLICANT	
Brittany Carol Rose		000 00	0015		03-15-85	
2A. SEX OF APPLICANT		2B. APPLICANT	'S E-MAIL	ADDRESS	•	
☐ MALE ☑ FEMALE		br549@	hotm	ail.com		
3A. RELATIONSHIP OF APPLICANT TO VETER	RAN				MBER (Including Area Code)	
SPOUSE SURVIVING SPOUSE	X CHILD	DAY		E/	VENING	
STEPCHILD ADOPTED CHILD		(205) 555	-1234	(2	205) 555-1235	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) RECEIVED VA DATE STAMP (For VA Use Only) State and ZIP Code) VA DATE STAMP (For VA Use Only) VARO, MAIL ACTIVITY ATLANTA, GA 4						
4. HAVE YOU RECEIVED AN INFORMATION P	AMPHLET EXPLAINING	SURVIVORS' AM	ND DEPEN	DENTS EDUCATIONAL AS:	SISTANCE BENEFITS?	
PART II - INFORMATION	CONCERNING DIS	ABLED OR DE	CEASED	VETERAN OR INDIVIDU	JAL ON ACTIVE DUTY	
5A. NAME OF VETERAN OR INDIVIDUAL ON A	CTIVE DUTY ON WHO	SE ACCOUNT BE	NEFITS A	RE CLAIMED (FIRST- MIDD	LE -LAST)	
Mark Call Rose						
5B. SOCIAL SECURITY NUMBER			5C. VA FIL	E NUMBER (If known)		
000-00-0062		00000 0062				
6. DATE OF BIRTH 7.	BRANCH OF SERVICE		8. SERVIC	E NUMBER	 DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W. 	
01-07-62	Army		000	00062	The silicente in the first service is	
0	PART III - SPECIAL	INFORMATIO	N CONC	RNING APPLICANT		
10. IF YOU ARE THE SPOUSE OF A DISABLE	D VETERAN, IS A DIVO	DRCE OR ANNUL	MENT PEN	IDING?		
YES NO 11A. IF YOU ARE THE SURVIVING SPOUSE OF REMARRIED SINCE HIS OR HER DEATH?	OF A DECEASED VETE	RAN, HAVE YOU		11B. SURVIVING SPOUSE	'S AGE AT TIME OF REMARRIAGE	
YES NO	r:					
NOTE - COMPLETE ITEM 12 ONLY IF YO	U ARE A CIVILIAN E	MPLOYEE OF	THE U.S	GOVERNMENT		
12A, DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B) 12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNM EMPLOYMENT 12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNM EMPLOYMENT					TIONAL ASSISTANCE FROM GOVERNMENT	
☐ YES 🙀 NO						
 HAVE YOU EVER APPLIED FOR ANY OF TA. DISABILITY COMPENSATION OR PENS 		ENEFITS? (Check	applicable	box(es)		
B. DEPENDENTS' INDEMNITY COMPENSA	ATION (DIC)					
C. VETERANS' EDUCATION ASSISTANCE	BASED ON YOUR OW	N SERVICE (Spe	cify benefit		:	
D. VOCATIONAL REHABILITATION BENEF	FITS					
E. SURVIVORS' AND DEPENDENTS EDUC	CATIONAL ASSISTANCI	E (Complete Item	s 14A and	14B)		

F. OTHER (Specify)

G. X NONE

VA FORM NOV 2005

TIMS Clerk M2L1PT Claimants Orderno: 07_1.1 For Training Purposes Only V01

Complete Item 14 only if you check Item 13E

Case: APPENDIX A Orderno: 07 For Training Purposes Only. Date Rec'd:

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS | 14B. VETERAN'S FILE NUMBER

			PART IV -	APPLIC	ANT'S MILITA	RY SER	VICE			
15. HAVE YOU E	VER SERVED ON ACT	IVE DUT	Y IN THE ARMED	FORCES? (I	Including an initial per	od of active	duty for training	for a period	of 3 months or more	
YES X				, (., , ,		,			
		(Plea	16. INFORMAT se complete Iten	ION ABOU' ns 16A thro	T YOUR PERIODS ough 16D for each p	OF ACTIV	/E DUTY our active duty))		
N/Aa. DATE	ENTERED E DUTY		TE SEPARATED		C. BRANCH OF SER				D. CHARACTER OF DISCHARGE	
	P/	ART V	- PREVIOUS	EDUCA	TION, TRAININ	G, AND	EMPLOYN	IENT		
	E APPROPRIATE BOX		_		CH COHOO!	17B. DATI				
GRADUA'	TED FROM HIGH SCH	OOL	☐ DISCOR	NTINUED HIC	GH SCHOOL					
EXPECT:	TO GRADUATE		GED							
☐ NEVER A	TTENDED HIGH SCHO	OL				 Ma	ay 21, 200	04		
		1	8. EDUCATION	(Include all	ll apprenticeships a	nd on-the-j	ob training)			
TYPE OF SCHOOL	NAME AND LOCA OF SCHOOL		DATES OF	TRAINING	NUMBER SEMESTER, O		DEGREE, DI		MAJOR FIELD OR	
SCHOOL	(City and State		FROM	то		OR CLOCK HOURS COMPLETED OR CERTIF			COURSE OF STUDY	
ELEMENTARY SCHOOL	Buckhead Ele	menta	ary							
HIGH SCHOOL	Fulton High		2001	2004			Diploma			
COLLEGE	N/A									
VOCATIONAL OR TRADE	N/A									
OTHER	N/A									
				19.	EMPLOYMENT					
EMP	LOYMENT		PRINCIPAL OCC	UPATION	NUMBER OF THA	MONTHS E		'	LICENSE OR RATING	
A&	Р	С	ashier			12				
			PART VI -	PROGRAM	M OF EDUCATION	OR TRAIN	IING			
	NOW YOUR EDUCATION	NAL OR	CAREER GOAL?	(If "YES," ple	ease specify)					
20B HAVE YOU	NO SELECTED A SPECIF	C PROG	RAM OF EDUCAT	ION2 /If "VE	S " liet helow					
each diploma goal specifie	a, vocational course, job d in Item 20A. If "NO," I	training eave blan	program, or test york)	ou need to re	each the	X YES	□ NO			
BS Cheme	estry									
20C. EDUCATIO	20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)									
COLLEGE										
APPRENT	TICESHIP OR OTHER	N-THE-	JOB TRAINING							
	G OR CERTIFICATION									
	L ADMISSION EXAMS									
	PONDENCE COURSE OPERATIVE	(opouse	or surviving spous	e only)						

20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (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 only applying for reimbursement of test fees, skip to Item 21.	NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)
	University of Southern California
XI YES □ NO	Los Angeles, CA 90039
20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)	ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING
08-08	08-08
20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)	20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)
☐ YES ☒ NO	☐ YES ☒ NO
PART VII - ELECTION	ON (CHILD ONLY)
IMPORTANT: You may not receive payments of Dependency and Indendependent in a compensation claim while receiving Survivors' and Depend INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. ELECTION WITH A VA COUNSELOR.	lents' educational assistance (DEA). CAREFULLY READ THE
21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:	21B. DATE OF ELECTION 08-07
 REMARKS (Use this space to provide information that does not fit elsewhere on this for this form to help us match your answers to the correct questions. If more space is n name and Social Security Number on each additional page) 	form or that will help VA process your claim. Refer to the item numbers
N	/A
. "	•
PART VIII - CERTIFICATION ANI (All Applicants Must (
I CERTIFY THAT all statements in my application are true and correct	•
PENALTY : Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties.	or education benefits is a punishable offense and may result
23A. SIGNATURE OF APPLICANT (Do NOT Print)	23B. DATE SIGNED
sign Here ► Brittany Carol Rose	07-27-07
PART IX - SIGNATURE OF PAREN (This section must be comple	
24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)	24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code),
	205-225-221 3435 Elm Street
Mark C. Rose	Atlanta, GA 30309
25A. SIGNATURE OF (Check one) (DO NOT PRINT)	25B. DATE SIGNED
□ PARENT □ GUARDIAN □ CUSTODIAN	
SIGN HERE IN INK	02-27-07

						OMB Approved No. 2900-0098 Respondent Burden: 45 minutes
Department of Veterans Affairs APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE (Under Provisions of Chapter 35, Title 38,U.S.C.) See attached Information and Instructions						
INTERNET VERSION AVAILABLE - Yo	u may complete and send y	your application	over the Int	ernet at: www.gibill.va.g	ov	
	PART	I - APPLICA	NT INFOR	MATION		
1A. NAME OF APPLICANT (FIRST-MIDDLE-	LAST)	1B. SOCIAL SI	ECURITY N	JMBER OF APPLICANT	10	C. DATE OF BIRTH OF APPLICANT
Joy Elise Schwab		000-00	0-0024			May 9, 1962
2A. SEX OF APPLICANT		2B. APPLICAN	IT'S E-MAIL	ADDRESS		
☐ MALE FEMALE		jesoo	l@aol.c	om		
3A. RELATIONSHIP OF APPLICANT TO VE		-	38. APP	LICANT'S TELEPHONE		
SPOUSE SURVIVING SPOUSI	E CHILD	DAY			EVENI	
☐ STEPCHILD ☐ ADOPTED CHILD			<u>6-5241</u>			-) 310-5001
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) 4508 Saddlebridge Way Rock Hill, SC 29730 VARO, MAIL ACTIVITY ATLANTA, GA						
4. HAVE YOU RECEIVED AN INFORMATION	N PAMPHLET EXPLAINING	SURVIVORS'	AND DEPEN	DENTS EDUCATIONAL A	SSIST	ANCE BENEFITS?
YES NO						
	ION CONCERNING DIS					
5A. NAME OF VETERAN OR INDIVIDUAL O	N ACTIVE DUTY ON WHO	SE ACCOUNT B	ENEFITS A	RE CLAIMED (FIRST- MI	DDLE -I	.AST)
Dean Rodney Schwab 5B. SOCIAL SECURITY NUMBER			5C. VA FIL	E NUMBER (If known)		
000-00-0050				000 00 0050		
6. DATE OF BIRTH 10-24-57	7. BRANCH OF SERVICE Marines		8. SERVIC			 DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.
	Nation Control	INCORNA TO				
10. IF YOU ARE THE SPOUSE OF A DISAB				ERNING APPLICANT		
YES X NO	occo relevat, londing	710E 011741110	Line, T. T.	ionto:		
11A. IF YOU ARE THE SURVIVING SPOUS REMARRIED SINCE HIS OR HER DEAT	SE OF A DECEASED VETE TH ?	RAN, HAVE YO	U	11B. SURVIVING SPOU	SE'S A	GE AT TIME OF REMARRIAGE
☐ YES ☑ NO						
NOTE - COMPLETE ITEM 12 ONLY IF	YOU ARE A CIVILIAN E	MPLOYEE O	F THE U.S	GOVERNMENT		
12A. DO YOU EXPECT TO RECEIVE FUND: THE SAME COURSE FOR WHICH YOU ASSISTANCE? (If you check "Yes," show	EXPECT TO RECEIVE VA	EDUCATIONAL	0.0000000000000000000000000000000000000	12B. SOURCE OF EDUC EMPLOYMENT	ATION	IAL ASSISTANCE FROM GOVERNMENT
☐ YES 🙀 NO						
13. HAVE YOU EVER APPLIED FOR ANY O	F THE FOLLOWING VA BE	ENEFITS? (Chec	k applicable	box(es)		
A. DISABILITY COMPENSATION OR PE	ENSION					
B. DEPENDENTS' INDEMNITY COMPE	NSATION (DIC)					
C. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit)						
D. VOCATIONAL REHABILITATION BET	NEFITS					
E. SURVIVORS' AND DEPENDENTS ED	DUCATIONAL ASSISTANCI	E (Complete Ite	ms 14A and	14B)		
F. OTHER (Specify)						
G. X NONE	O de casa sur l'anti de l'Artico			I-II 40=		
	Complete Ite	m 14 only i	t you ch	eck Item 13E		

VA FORM NOV 2005 22-5490 N/A

SUPERSEDES VA FORM 22-5490, JUN 2003, WHICH WILL NOT BE USED.

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS 14B. VETERAN'S FILE NUMBER

TIMS Clerk M2L1PT Claimants Orderno:09a_1.1 For Training Purposes Only V01 Case: APPENDIX A Orderno: 09a For Training Purposes Only. Date Rec'd:

N/A

PART IV - APPLICANT'S MILITARY SERVICE									
15. HAVE YOU E OR subseque	15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)								
☐ YES 🔲 I	NO								
		(Plea	16. INFORMAT ise complete Iter	ION ABOUT Y	OUR PERIODS n 16D for each p	OF ACTIV	/E DUTY our active duty)		
A. DATE ACTIVE			TE SEPARATED M ACTIVE DUTY	C.	BRANCH OF SER OR GUARD (D. CHARACTER OF DISCHARGE
	P	ART V	- PREVIOUS	EDUCATION	ON, TRAININ	G, AND	EMPLOYM	ENT	
_	E APPROPRIATE BOX			ITEM 17B	SCHOOL	17B. DATI	E		
	TED FROM HIGH SCH	JOL		TINGED HIGH	SCHOOL				
L EXPECT	TO GRADUATE		GED						
☐ NEVER A	TTENDED HIGH SCHO	OL				Ma	ay, 1980		
			18. EDUCATION	· · · · · · · · · · · · · · · · · · ·	1		iob training)		1
TYPE OF SCHOOL	NAME AND LOCA OF SCHOOL (City and State		FROM	TRAINING	SEMESTER, Q OR CLOCK I COMPLE	UARTER, HOURS	DEGREE, DIF OR CERTIF RECEIV	ICATE	MAJOR FIELD OR COURSE OF STUDY
ELEMENTARY SCHOOL					OOM EE				
HIGH SCHOOL									
COLLEGE	Valencia Con	ım.	1980	1982	16		N/A		
VOCATIONAL OR TRADE	College								
OTHER									
				19. EN	PLOYMENT				
EMP	LOYMENT		PRINCIPAL OCC	UPATION	NUMBER OF	MONTHS E COCCUPAT			LICENSE OR RATING
Martin M	arietta	E	ditor		7-ye	ars			N/A
			PART VI -	PROGRAM O	F EDUCATION	OR TRAIN	NING		
20A. DO YOU KN	OW YOUR EDUCATION	NAL OR	CAREER GOAL?	(If "YES," please	specify)				
20B. HAVE YOU	SELECTED A SPECIF a, vocational course, job d in Item 20A. If "NO," I	C PROG	RAM OF EDUCAT	ION? (If "YES," lou need to reach	list below the	YES	X NO		
godi opocino	o in nom som in tro, i	save blai	my						
20C EDUCATIO	N OR TRAINING WILL	BE BY: /	Check more than o	ne if necessary)					
COLLEGE APPRENT LICENSIN NATIONA	OR OTHER SCHOOL CICESHIP OR OTHER OF GOR CERTIFICATION L ADMISSION EXAMS PONDENCE COURSE	ON-THE- TEST OR NAT	JOB TRAINING	R CREDIT					
☐ FARM CO	OPERATIVE								

TIMS Clerk M2L1PT Claimants Orderno:09a_1.2 For Training Purposes Only V01

Case: APPENDIX A Orderno: 09a For Training Purposes Only. Date Rec'd:

20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (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 only applying for reimbursement of test fees, skip to Item 21.		S OF SCHOOL OR TRAINING ESTABLISHMENT rural route, city or P.O., State and ZIP Code)
YES X NO		
20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)		INING DATE (MONTH/YEAR) OF TRAINING
	•	
20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)		NDICAPPED CHILD, SPOUSE, OR SURVIVING NG SPECIALIZED VOCATIONAL TRAINING?)
☐ YES ☒ NO	☐ YES ☐ NO	
PART VII - ELECTIO	ON (CHILD ONLY)	
IMPORTANT: You may not receive payments of Dependency and Indem dependent in a compensation claim while receiving Survivors' and Depend INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YELECTION WITH A VA COUNSELOR.	lents' educational assistan	ce (DEA). CAREFULLY READ THE
21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:	≥ 21B. DATE OF ELEC	TION
REMARKS (Use this space to provide information that does not fit elsewhere on this form to help us match your answers to the correct questions. If more space is no name and Social Security Number on each additional page)		
PART VIII - CERTIFICATION AND (All Applicants Must C		CANT
I CERTIFY THAT all statements in my application are true and correct		vledge and belief.
PENALTY : Willfully false statements as to a material fact in a claim for in the forfeiture of these or other benefits and in criminal penalties.	or education benefits is	a punishable offense and may result
23A. SIGNATURE OF APPLICANT (Do NOT Print)		23B. DATE SIGNED
sign here IN INK Joy Elise Schwab		03-22-07
PART IX - SIGNATURE OF PAREN (This section must be comple		
24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)	24B. TELEPHONE NUMBER OR CUSTODIAN (Inclu	AND MAIL ADDRESS OF PARENT, GUARDIAN, de Area Code),
N/A		
25A. SIGNATURE OF (Check one) (DO NOT PRINT)		25B. DATE SIGNED
☐ PARENT ☐ GUARDIAN ☐ CUSTODIAN SIGN HERE		
IN INK		

TIMS Clerk M2L1PT Claimants Orderno:09a_1.3 For Training Purposes Only V01

Case: APPENDIX A Orderno: 09a For Training Purposes Only. Date Rec'd:

CEF	RTIFICATE OF RE	LEASE OR I	DISCHARGE FROM	ACTIVE DI	UTY			
NAME (Last, First, Middle)	VI.50 (60)00001		PONENT AND BRANCH			AL SECURIT		
Parrish, Mark Timoth		mv			00	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owne	0027	
4.a. GRADE , RATE OR RANK SPC	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE (YYYYMMID) 6. RESERVE				3705	TION DATE	
7a. PLACE OF ENTRY INTO ACTIV	E DUTY	b. HOME OF R	ECORD AT TIME OF EN	TRY (City and	State, or com	plete address is	f known)	
Ft. Benning, GA		304 Ave	enue A., Charles	ton, SC 2	29405			
8a. LAST DUTY ASSIGNMENT AND 12450 Trans Co. Ku		1 (0.000)	STATION WHERE SEPAR Charleston Nava		ion			
9. COMMAND TO WHICH TRANSFI Charleston Naval Air	ERRED				10. SGLI C	OVERAGE	NONE	
11. PRIMARY SPECIALTY (List num	ber, title and vears and	months in	12. RECORD OF SERVIO	CE		MONTH(S)		
specialty. List additional specialty	numbers and titles invol	lving periods of	a. DATE ENTERED AD TH		2003	02	01	
one or more years.)			b. SEPARATION DATE TH	IIS PERIOD	2004	03	22	
63B1000 Light Whee			c. NET ACTIVE SERVICE	THIS PERIOD	0001	01	20	
mechanic - 2 years,	10 months		d. TOTAL PRIOR ACTIVE	SERVICE	0000	05	11	
DADITAL PROVINCE PROGRAMMENT OF THE PROGRAMMENT OF THE PROPERTY OF THE PROPERT			e. TOTAL PRIOR INACTIV	/E SERVICE	0000	06	16	
			f. FOREIGN SERVICE		0000	01	20	
			g. SEA SERVICE		0000	00	00	
			h. EFFECTIVE DATE OF	PAY GRADE	2002	09	06	
15a. MEMBER CONTRIBUTED TO		VETERAN'S ED	UCATIONAL ASSISTANC	CE PROGRAM	4	X YES	NO	
b. HIGH SCHOOL GRADUATE O						YES	NO	
			LETE DENTAL EXAMINA			IATE	YES NO	
PAID 0	DENTAL SERVICE	S AND TREATM	ENT WITHIN 90 DAYS P	RIOR TO SEP	PARATION		X	
RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4								
The information contained herein is subje purposes and to determine eligibility for, a		-		MANAGE COMPANY				
198. MAILING ADDRESS AFTER S 123 Elm St., Charle			b. NEAREST RELAT Mary Parrish 123 Elm St., (ode)	
] 352	<u></u>		1		, 50 2340		NO	
20. MEMBER REQUESTS COPY 6 21. SIGNATURE OF MEMBER BEIN			OR OF VETERAN AFFAIR UTHORIZED TO SIGN (7		rada titla a	YES nd signature)	NO	
E. SIGNATURE OF MEMBER BEIT	TO SEFANATED	LL. OI FIOIALA	STRONIZED TO BIGH (7	ypaa name, g	, aue, me ar	io alginature)		
dis								

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION Release From Active Duty	24. CHARACTER OF SERVICE (Include upgrades) Honorable					
25. SEPARATION AUTHORITY	26. SEPARATION CODE LRK	27. REENTRY CODE N/A				
28. NARRATIVE REASON FOR SEPARATION Completion of Required Service						
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 (Initials)				

DD FORM 214, FEB 2000

Previous editions are obsolete.

SERVICE - 2

TIMS Clerk M2L1PT Claimants Orderno:11_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 11 For Training Purposes Only. Date Rec'd:

Department of Vete	rans Affairs	APPLICATION FOR VA ED		FITS		
		and send your application over the Interne				
		ICANT AND BENEFIT INFORMAT				
	(All Appli	cants Must Complete This Part)	e e conserve			
1a. NAME OF APPLICANT (First, Mide Tina Marie Gu				E STAMP In This Space)		
1B. SOCIAL SECURITY NUMBER OF		FILE NUMBER (If previously assigned)	RECEI	VED		
000-00-0048		000-00-0048	NOV, 20	2007		
2A. APPLICANT'S ADDRESS (Number digit ZIP code if known)	r, street or rural route, city or P.C	D., State and ZIP Code) (Please provide 9	T VADO MAII	A OTIVITY		
407 Murat Stree	et Tallahassee, F	L 32306	VARO, MAIL ATLANTA 4			
2B. SEX OF APPLICANT 2C.	APPLICANT'S DATE OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS	(Include A	LEPHONE NUMBER vea Code)		
	01 01 71	TMC@aalaam	A DAY	B. EVENING		
MALE FEMALE	01-01-71	TMG@aol.com the box next to each benefit you wish	850-555-7781	850-555- 8211		
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: • 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.						
1606). This benefit is based on to the right if you had at least a	Selected Reserve service (I six-year reserve obligation a	ICATIONAL ASSISTANCE PROGRAM (title Reserve or National Guard). Check the box after June 30, 1985.) determines eligibility for this program)	10, U. S. C., chapter	X		
C. RESERVE EDUCATIONAL called to active duty to support contingency or other specific or	ASSISTANCE PROGRAM contingency operations. Che perations.	(title 10, U.S.C., chapter 1607). This benefit eck the box to the right if you were called to determines eligibility for this program)	is for a Reservist active duty to support			
			4 VEAD			
(title 38, U.S.C., chapter 32, or • served on active duty at any	section 903 of Public Law 9	SISTANCE PROGRAM commonly referred 6-342). Check the box to the right if you: through June 30, 1985, AND	to as VEAP,			
either contributed funds or h	nad your service branch mak	e contributions for you.				
		S.C., chapter 31, section 510). Check the b	ox to the right if you:			
 entered on or after October 	1, 2003 under the National	Call to Service program, AND				
 selected one of the education 	on incentives provided by the	at program				
Check this box to the right only	if you've selected one of the	e two Educational Allowance Incentive optic	ons.			
	(If you checked this box, be	sure to complete Part IV)				
F. THE "TRANSFER OF ENTI" if you:	TLEMENT® PROGRAM (title	38, U.S.C., chapter 30, section 3020). Che	eck the box to the right			
(chapter 30), AND		fontgomery GI Bill Educational Assistance F	Program			
 believe that your parent or s 	spouse transferred entitlement	nt to you				
	(If you checked this box, be	sure to complete Part V)				

VA FORM SUPERSEDES VA FORM 22-1990, SEP 2003, PAGE 1 OF 6
MAY 2005 22-1990 WHICH WILL NOT BE USED. 850 555-8211
TIMS Clerk M2L1PT Claimants Orderno:13_1.1 For Training Purposes Only V01

5. DIRECT DEPOSIT INFORMA Please send a voided personal check or provide the Direct Deposit is not available for the Post-Vietnam Era Veterans' Edu	e following information.
A. TYPE OF ACCOUNT	
☐ CHECKING ☐ SAVINGS ☑ I DO NOT HAVE AN ACCOUNT	
B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT NUMBER	BER D. ACCOUNT NUMBER
N/A N/A	N/A
TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes) A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown B. Pf.	REVIOUS VETERAN'S EDUCATION BENEFITS
	ecify benefit)
	EPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS apter 35) (Complete Items 7A and 7B)
E. OTHER (Specify benefit) F. No.	ONE
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D	ED OF DADPATICDOUGE (Contractions)
	ER OF PARENT/SPOUSE (See Instructions)
N/A N/A	•
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR Yes No	R BENEFITS YOU ARE APPLYING FOR? (See Instructions)
9. PROGRAM OF EDUCATION OR TRA	AINING
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you d	lo 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, of goal that you indicated in Item 9A). If you have not selected a program, leave	
N/A	
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COURSE	TUITION ASSISTANCE TOP-UP
I SEEK REIMBURSEMENT FOR A LICENSING APPRENTICESHIP OR ON-THE-JOE TRAINING	В
NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRAINING	
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? VES NO	Complete Name and Address of School (Complete street address, city, state and ZIP code)
(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.)	University of Central Florida 4000 Central Florida Blvd. Orlando, Florida 32816
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? YES NO	G. Date (Month, Year) of anticipated beginning school or training
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")	N/A
	I. Information about repeated course
(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)	N/A

PAGE 2 OF 6

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 Y SAME COURSE(S) FOR WHICH YOU EXPECT TO F	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				•	N/A			
NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE	ON ACTIVE DU	TY						
11. ARE YOU RECEIVING, OR DO YOU ANTICIPAT not limited to Federal Tuition Assistance) FROM THE SERVICE FOR THE COURSE FOR WHICH YOU HABENEFITS? IF YOU WILL RECEIVE SUCH BENEFI DETAILS INCLUDING THE SOURCE OF THE FUNITUITION ASSISTANCE TOP-UP, CHECK "NO"	Details o	f educational assis	stance fro	om the military:				
YES NO								
	12. EDUCA	TION AND	EMPLOYN	AENT INF	ORMAT	ION		
A. DID YOU GRADUATE FROM HIGH SCHOOL? (I) graduated next to "Yes," and skip to Item 12C. If "No," of	"Yes," write the da		B. IF YOU D	DID NOT G	GRADUAT	E FROM HIGH SC	? (If "Yes,	" write the date you completed
X _{YES} Date 05-01-1089	NO		□YE	ES D	ate			lno
C. EDUCATION AFTER HIGH SCHOOL	DL (INCLUDE AL	L APPRENT	TICESHIP, O	N-THE-JO	B TRAINII	NG, AND FLIGHT	TRAINING	3) (See Instructions)
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES C	F TRAINING	QUAF	RTER OR (RTER OR (RS COMP	CLOCK	DEGREE, DIPL OR CERTIFIC RECEIVED	ATE	MAJOR FIELD OR COURSE OF STUDY
Tallahassee Comm. College	08-89	12-89	9	15	NoneAsso		Asso	ociates Degree
444 Appleyard Drive Tallahassee, FL 32304								,
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES	? (If "Yes," list ea	ch						
certificate) ☐ YES ☑ NO			-					
	EMPLOYME	NT (Comple	ete ONLY if	you servea	l in the mi	ilitary)		
EMPLOYMENT	PRINC	CIPAL OCCU	JPATION			OCCUPATION		LICENSE OR RATING
E. Before Entering Military Service	Re	etail			1	1	No	one
F. After Leaving Military Service	Re	etail			E	50	No	one
PART II - S	PART II - SERVICE INFORMATION (All applicants must complete this part)							
A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIN			DUTY INFO			if guthority for 6 '	time Not	onal Guard duby is
title 32, U.S.C.)	E NATIONAL GO	JAKU DOTT	r (Send us a	copy or yo	our orders	, if authority for full-	ome Nao	onal Guard duty is
YES NO B. ARE YOU NOW ON TERMINAL LEAVE BEFORE	DISCHARGE? (If	yes, please	provide the	date you b	egan your	terminal leave)		
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 e	expected d	ischarge:			

		14 INFORMATION ABOUT	OUB BEBIODS OF AC	TIVE DUTY			
Discos complete Itame I	4. A	14. INFORMATION ABOUT Y			of some P	SD 314 (A) for	
	_	period of your active duty. It wi Active Duty for Training)	II help VA process your cl	aim if you send a	copy of your D	DD 214 (copy 4) for	
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	ACTIVE DUT PERIOD? (If "Ye	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders). YES NO F. IF THIS NATIONA INDICATE TITLE 10 (i		
12-12-90	5-5-01	Army	Honorable		Χ	N/A	
 Full time assig civilians; Attendance at Non-creditable 	nment by a service de a service academy; or time - (time lost beca	s, any periods of active duty v partment to a civilian school f use of industrial or agricultura	or a course of education				
court-martial, of		SERVE OR NATIONAL GUARD S	ERVICE THAT ARE NOT A	CTIVE DUTY?			
YES NO		formation about this service in Ite					
A ARE VOLUNOW IN TH	16. PERIO HE RESERVE OR NATION	DDS OF RESERVE OR NATIO	NAL GUARD SERVICE	(NOT ACTIVE	DUTY)		
YES NO	IE RESERVE OR NATIO	VAL GUARD?					
	COMPLETE ITEM 1	6E:					
 Place "IRR" in Ite 	m 16E for each period	of reserve service if you were of reserve service if you were of reserve service if your we	e in the Individual Read	y Reserve.			
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GU	D. RESERVE OR GUARD COMPONENT			S (See abbreviations above)	
N/A	N/A	N/A		N/A			
individuals to encourage CHECK "YES." IT MAY YES NO	enlistment or retention in HELP IF YOU SEND VA	N YOUR RESERVE ENLISTMENT the Reserve or National Guard for A COPY OF THE "KICKER" CON	ces, usually in specialized a	areas.) (IF YOU Q	UALIFY FOR A	RESERVE "KICKER,"	
	AT PROGRAM PAY FOR	OR CHAPTER 1606 (you checked in R YOUR TUITION, FEES, BOOKS					
YES NO							

PAGE 4 OF 6

PART III - MONTGOMERY GI BILL QUESTIONS (Complete this part only if you are applying for chapter 30 benefits)	efits)	
QUESTIONS	YES	NO
	(V)	(V)
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, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.		X
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		X
TV/A		
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 if you send us a copy of your kicker contract.		X
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:		Χ
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: Year: Amount: Year: Amount: Year: Amount: Year: Amount:		X
MARITAL AND DEPENDENCY STATUS		
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.	BEFORE	
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	N/A	
19B. DO YOU HAVE ANY CHILDREN WHO ARE:	1,7,1	
(1) UNDER AGE 18? OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		
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 SE	RVICE PROGRAM?	
YES NO 20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that iden	tifies the option you rece	ived)
☐ YES ☐ NO 20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)		
EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS DEDUCATIONAL ALLOWANCE OF UP TO 36 MONT OF MONTGOMERY GI BILL BENEFITS (3-year rate) EDUCATIONAL ALLOWANCE OF UP TO 36 MONT BILL BENEFITS (1/2 the 2-year rate)	THS OF MONTGOMERY	GI
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Ca Options). This form is needed to document your eligibility and to confirm your incentive option.	all to Service (NCS)), Election of

PART V - TRANSFER OF ENTITLEMENT QUESTIONS (Complete this part only if you are applying for this benefit)								
NOTE: This benefit requires (1) his or her dependents, and (2) the by name).	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							
	ng spouse, or child of a veteran who ha			his information.				
SPOUSE SURVIVING	_	HO TRANSFERREL	DENTITLEMENT TO YOU?					
IMPORTANT: If you checked your rel 21B. VETERAN OR SERVICE MEMBER'S	ationship as a spouse or child, have th	ne veteran comple	te and send us VA Form 2					
	N/A		MALE FE					
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								
				The Second Promotive				
	EMPLOYMENT (IF N		ERVICE) MBER OF MONTHS IN					
EMPLOYMENT	PRINCIPAL OCCUPATION	J	HAT OCCUPATION	LICENSE OR RATING				
21G. JOB 1 (Since leaving high school)								
21H. JOB 2 (Since leaving high school)								
P	ART VI - CERTIFICATION AN							
(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)								
Tina Marie Gupt 23B. SIGNATURE OF APPLICANT (Do NO		eir parent or quardiar	n sign in this item)	23C. DATE SIGNED				
	Marie Gupta	on parent or goal ala		05-04-07				
	RT VII - CERTIFICATION FOR	RAPPLICANT	S ON ACTIVE DUTY					
(Have your Education Officer con I CERTIFY THAT this individual is a meducation program.	nplete this part only if you are currently nember of the branch of the Armed For							
24A. SIGNATURE, TITLE AND BRANCH C	F SERVICE OF ARMED FORCES EDUCA	TION OFFICER		24B. DATE SIGNED				

TIMS Clerk M2L1PT Claimants Orderno:13_1.6 For Training Purposes Only V01

Case: APPENDIX A Orderno: 13 For Training Purposes Only. Date Rec'd:

APPLICATION FOR VA EDUCATION BENEFITS

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respond & Burden: 35 minutes
Form Date: July 2000

VARO, MAIL ACTIVITY ATLANTA, GA

RECEIVED

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

PENALTY: Willfully false statement 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.

Mary Flizabeth Walker SIGNATURE OF APPLICANT (DO NOT PRINT) 09-19-07

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY 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.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION SERVICE OFFICER

DATE SIGNED

SSN:

Conf.#: Submission Date: VA Form 22-1990 (VONAPP) Page 8 of 8

TIMS Clerk M2L1PT Claimants Orderno: 15_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 15 For Training Purposes Only. Date Rec'd:

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

ioiii.							nacin Darden: 10	minute
M Departme	ent of Veterans	Affairs						
	LLMENT CER	TIFICATION FO					OR	Side
(Under Ch		, Title 38, U.S.C.; C					w 96-342)	A
Con	nplete this side C	IPORTANT - CO ONLY if you are code for Apprentice	ertifyir	ng attendance for	those types of t	raining shown in	Item 5.	
Pull out	carbon and reve	erse before comp	leting	the other side of	this form. Ensur	e that VA Copy	1 is on top.	
1. NAME OF STUDEN	T (First, Middle, Last)				2. VA FILE NO. (For ch	napter 35, include suffix , enter the veteran's so	. For chapter 30	ne)
Amy Theres	sa Bommelje		RE	ECEIVED	transferability cases	, enter the veteran's soc	dai security nume	er)
3. CURRENT ADDRES	SS OF STUDENT		DE	C 05, 2007	SOCIAL SECURITY Item 2 above)	NUMBER OF STUDE	NT (If not entered	in
121 Island I					000-00-00	N3/I		
Orlando, FL			VARO,	MAIL ACTIVITY		500000		
5. TYPE OF TRAINING	ATE COLLEGE DEGRI	EE FARM COO		LANTA, GA	6. NAME OF PROGRA	MM.		
GRADUATE OR		HIGH SCHO		VE 4	Registere	d Nurse		
PROFESSIONA	L	COOPERAT		t Farm)	7A. CREDIT FOR PRE	SCHOOL - LINEOUS HART-SHOPE C		
☐ NON-COLLEGE	DEGREE	GUEST STU	JDENT					
_		(Supplemen	tal Schoo	ol)	0			
District of the second second	RICULATED AT YOUR	FACILITY? (For VA pu	rposes, a	a student is matriculated	when formally admitted	d as a degree seeking s	student)	
YES NO								
				ROLLMENT DA	TA			
		9. CREDIT H CREDIT HOURS TAN		NON-CREDIT	10. CLOCK	11. CHARGES		NING TIME
8. ENROLLMENT E (Month, D	EFFECTIVE DATES Day, Year)	IN RESIDENCE,	LIV	REMEDIAL/	HOURS	FOR PERIODS		duate or anced
(month) 2	,,	INDEPENDENT STUDY OR TV		DEFICIENCY/ REFRESHER	PER WEEK	OF INSTRUCTION	1.4	essional
A. BEGIN	B. END	A. HOURS	\neg	B. HOURS	HOURS	TUITION & FEES	Pro	gram)
09-07	12-07	12	\neg	0	0	0		
A HIGH SCHOOLS AS		DITIONAL INFORMA BASIS (Enter the number			AND FARM CO-OF P ONLY - Is student pu		otly with substant	ally
	th the student is enrolled		or or ringin		cultural employment ave			uny
				☐YES ☐	NO NO			
ADVANCE F	PAYMENT REQU	JEST - (Note: Ad	dvanc	e payment is no	t an accelerate	d payment.) (Se	e Instructio	ns.)
		► 14A. SIGNATURE				14B. DA		
ADVANC	E PAYMENT	Amy T	. <i>Bo</i>	mmelje			2-18-07	
	(Note - A	ACCELERATED accelerated paym	PAYI ent is	MENT REQUES	T (Chapter 30 O	nly)		
I request accelera	ted payment. I certif	y that I intend to see	k emple	oyment in one of the	following industries	: Biotechnology, Life	Science Tech	nologies,
Optoelectronics, C Nuclear Technolog	Committee of the commit	ecommunications, El	ectronic	cs, Computer-integra	ated Manufacturing,	Material Design, A	erospace, Wea	apons, or
15A. SIGNATURE OF	STUDENT					15B. DATE SIGNE		
Amy T. B	Sommelje					12-18-	· 0 7	
16. REMARKS								
NOTE Complete	Itom 17 only if cour	se(s) are contracted	out to a	nother 17 NAME AN	ND ADDRESS OF CON	TRACT SCHOOL OR E	BRANCH LOCATI	ON
school or are give Do not complete It of a school as defi	en at a branch locati tem 17 if course(s) a ned in 38 CFR 21.42	on other than shown are taken at a branch 266(c).	in Item	n 18B. ension				
	The state of the s	SECTION ON ATT			OMPLETING ITEMS	18A THROUGH 18	BE BELOW.	
		provisions describ		paragraphs (1) t	through (13) on t	he attached she		ed.
18A. SIGNATURE OF	CERTIFYING OFFICIA	L		18B. SCHOOL	NAME AND ADDRESS			
					cia Community			
400 TELEBOOK	LIDED OF OFFI	o officer:			ox 30284, Orl			
18C. TELEPHONE NU	IMBER OF CERTIFYIN	GOFFICIAL		18D. DATE SIG	INED	18E	FACILITY CODE	-
VA FORM 22.4	1999	SUPERSI	EDES VA	A FORM 22-1999, MAR	2003,		VA	COPY 1

TIMS Clerk M2L1PT Claimants Orderno:17_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 17 For Training Purposes Only. Date Rec'd:

OMB Control No. 2900-0154 Respondent Burden: 1 hour

Operation Department of V	eterans Affairs	Α	PPLICATION FOR VA EDU (See attached Information		FITS
		omplete and	send your application over the Internet		
			ANT AND BENEFIT INFORMATI		
	(AI	I Applica	nts Must Complete This Part)		
1A. NAME OF APPLICANT (First, Ethan Christoph	,			VA DATI (Do Not Write	
1B. SOCIAL SECURITY NUMBER		TAC VA EILE	NUMBER (If previously assigned)		
000-00-0041		000	0 00 0041		
digit ZIP code if known)		city or P.O., S	tate and ZIP Code) (Please provide 9		
2121 Brown St Charleston, SC					
2B. SEX OF APPLICANT	2C. APPLICANT'S DATE	OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS	3. APPLICANT'S TE	EDUONE NUMBER
				A. DAY	
MALE FEMALE	August 23, 1	971	BrownNovel@aol.com	205-331-1131	205-331-1131
4. DESCRIPTION OF VA ED	UCATION PROGRAMS	(Check (🗸) the box next to each benefit you wish to	apply for)	
 A. MONTGOMERY GI BII currently serving on active 	LL EDUCATIONAL ASS duty, you may be eligibl	ISTANCE P	ROGRAM (title 38, U. S. C., chapter 30). this benefit. Check the box to the right if y	If you served or are ou:	
• entered active duty for	the first time after June	30, 1985, O F	₹		
 were eligible to receive December 31, 1989, O 	Vietnam Era Veterans' (R	Educational	Assistance (title 38, U.S.C., chapter 34) b	enefits on	
 were discharged under 	one of the qualifying se	paration pro	grams shown in the instructions, OR		
 were a participant unde as VEAP (title 38, U.S.O. in the instructions. 	r the Post-Vietnam Era \ C., chapter 32) and elect	Veterans' Ed ed this bene	fucational Assistance program commonly fit during one of the open window periods	referred to shown	
	d on Selected Reserve s	service (Res	TIONAL ASSISTANCE PROGRAM (title erve or National Guard). Check the box r June 30, 1985.	10, U. S. C., chapter	X
(NOT	E: Department of Defen	se (DoD) de	termines eligibility for this program)		
	port contingency operati		e 10, U.S.C., chapter 1607). This benefit is the box to the right if you were called to a		
(NOT	E: Department of Defens	se (DoD) det	termines eligibility for this program)		
D. POST-VIETNAM ERA (title 38, U.S.C., chapter 33	VETERANS' EDUCATION OF Public	DNAL ASSIS ic Law 96-34	STANCE PROGRAM commonly referred t 42). Check the box to the right if you:	o as VEAP,	
 served on active duty a 	t any time from January	1, 1977 thro	ough June 30, 1985, AND		
either contributed funds	or had your service bra	nch make co	ontributions for you.		
E. NATIONAL CALL TO S	ERVICE PROGRAM (titl	e 10, U.S.C	., chapter 31, section 510). Check the bo	x to the right if you:	
 entered on or after Octo 	ober 1, 2003 under the N	National Call	to Service program, AND		
 selected one of the edu 	cation incentives provide	ed by that pr	ogram		
Check this box to the right	only if you've selected of	one of the tw	o Educational Allowance Incentive option	S.	
	(If you checked this	box, be sur	e to complete Part IV)		
F. THE "TRANSFER OF E if you:	NTITLEMENT" PROGR	AM (title 38,	U.S.C., chapter 30, section 3020). Chec	k the box to the right	
 are a spouse or child of (chapter 30), AND 	a person who qualified	for the Mont	gomery GI Bill Educational Assistance Pro	ogram	
 believe that your parent 	t or spouse transferred e	ntitlement to	you		
	(If you checked this	box, be sur	e to complete Part V)		

VA FORM MAY 2005

22-1990

SUPERSEDES VA FORM 22-1990, SEP 2003, WHICH WILL NOT BE USED. PAGE 1 OF 6

5. DIRECT DEPOSIT IN Please send a voided personal check or pro Direct Deposit is not available for the Post-Vietnam Era Vetera	ovide the fol	lowing information.					
A. TYPE OF ACCOUNT							
☐ CHECKING ☑ SAVINGS ☐ I DO NOT HAVE AN ACCOUNT							
B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRAN	SIT NUMBER	D. ACCOUNT NUMBER					
Educators Federal Credit Union 036360113		135896-01					
TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable box A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown	B. PREVIO	DUS VETERAN'S EDUCATION BENEFITS					
in Item 4) (Specify benefit)	(Specify b	penefit)					
C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)		IDENTS' EDUCATIONAL ASSISTANCE BENEFITS 35) (Complete Items 7A and 7B)					
E. OTHER (Specify benefit)	F. NONE						
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D							
7A. NAME OF PARENT/SPOUSE (See Instructions) 7B. FII	.E NUMBER O	F PARENT/SPOUSE (See Instructions)					
N/A	I/A						
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BEI	NEFIT OR BEN	EFITS YOU ARE APPLYING FOR? (See Instructions)					
YES □NO 9. PROGRAM OF EDUCATION	OR TRAININ	NG.					
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please speci							
gon, print que	g. g you ao nor .	own your goan creek to men out to hem yey					
¥YES □NO							
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?							
YES NO (If "Yes," list below each diploma, vocational course, job training p	rogram, or test	you need to reach your educational or career					
goal that you indicated in Item 9A). If you have not selected a progr	-						
Bachelor of Science in BioSystem Engineering							
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COL	JRSE	TUITION ASSISTANCE TOP-UP					
I SEEK REIMBURSEMENT FOR A LICENSING APPRENTICESHIP OR ON OR CERTIFICATION TEST APPRENTICESHIP OR ON TRAINING	-THE-JOB						
NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRA	AINING						
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? YES NO		omplete Name and Address of School (Complete reet address, city, state and ZIP code)					
		Clemson University					
(If you have selected a school, check "Yes," and specify its complete name and		Clemson, SC 29634					
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	•	7.0					
10.)							
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?	G. Da	ate (Month, Year) of anticipated beginning school or					
X YES NO		ning					
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")	^ 0	9-08					
H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?	I. Info	ormation about repeated course					
YES NO							
(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)	▶ N	J/A					
		PAGE 2 OF 6					

TIMS Clerk M2L1PT Claimants Orderno:18_1.2 For Training Purposes Only V01

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT								
If you are on active military duty, skip question 10				UELE EAS THE				
10. DO YOU EXPECT TO RECEIVE FUNDS FROM SAME COURSE(S) FOR WHICH YOU EXPECT TO					Source o	of educational assis	tance fro	m government employment:
YES NO (If "Yes," show the source								
NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE	E ON ACT	TIVE DU	TY					
11. ARE YOU RECEIVING, OR DO YOU ANTICIPA not limited to Federal Tuition Assistance) FROM TH SERVICE FOR THE COURSE FOR WHICH YOU H BENEFITS? IF YOU WILL RECEIVE SUCH BENEF DETAILS INCLUDING THE SOURCE OF THE FUN TUITION ASSISTANCE TOP-UP, CHECK "NO"	Details of	of educational assis	stance fro	om the military:				
□YES ☑NO								
	12. E	DUCAT	ION AND	EMPLOYMENT IN	FORMAT	ION		
A. DID YOU GRADUATE FROM HIGH SCHOOL? (graduated next to "Yes," and skip to Item 12C. If "No,"			e you	B. IF YOU DID NOT HIGH SCHOOL E the requirements for	QUIVALEN	E FROM HIGH SC ICY CERTIFICATE ate in the space provi	? (If "Yes,	" write the date you completed
X _{YES Date} May 1989] _{NO}			□yes 1	Date		_ X	lno
C. EDUCATION AFTER HIGH SCHO	OOL (INCL	UDE ALL	APPRENT	ICESHIP, ON-THE-JO	DB TRAINI	NG, AND FLIGHT	TRAINING	3) (See Instructions)
NAME AND LOCATION OF COLLEGE OR OTHE TRAINING PROVIDER (Include City and State)		DATES OF	F TRAINING	NUMBER OF SE QUARTER OR HOURS COM	CLOCK	DEGREE, DIPL OR CERTIFIC RECEIVED	ATE	MAJOR FIELD OR COURSE OF STUDY
	_	FROM	то					
N/A								
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATE	S? (If "Ye	s," list eac	h					
certificate)			ı	-				
☐YES XNO								
		6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	EMPL	OYMEN	II (Comple	te ONLY if you serve	d in the m	ilitary)		
EMPLOYMENT		PRINC	IPAL OCCU	IPATION		R OF MONTHS OCCUPATION		LICENSE OR RATING
E. Before Entering Military Service		Stu	dent					
F. After Leaving Military Service		Stu	dent					
PART II - \$	SERVIC			ION (All applica		t complete this	part)	
A ARE VOLLNOW ON ACTIVE DUTY OR SHILL TO	ME NATIO			DUTY INFORMATI		if authority for f. ii	time a Mari	and Cuard duby in
A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TI title 32, U.S.C.) YES NO	ME NATIC	ONAL GU	AKD DUTY	? (Send us a copy of)	our orders	, if authority for full-	time Nati	onal Guard duty is
_ ~	DISCHA	RGE? (If	ves, please	provide the date you	began vour	terminal leave)		
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 of	discharge:			

PAGE 3 OF 6

		14. INFORMATION ABOUT Y	YOUR PERIODS OF AC	TIVE DUTY					
Please complete Items 1	4A through 14f for each	h period of your active duty. It wil			copy of your D	OD 214 (copy 4) for			
		Active Duty for Training)	ii neip vA process your en	aini ii you sena a	Copy of your D	7D 214 (copy 4) 101			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	C. BRANCH OF SERVICE OR RESERVE OR GUARD D. CHARACTER OF ACTIVE DUTY FOR THIS INDICATED TO ACTIVE DUTY FOR THE ACTIVE DUTY FOR THE ACTIVE DUT						
May 1989	N/A	Army	N/A			orders)			
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.)									
		SERVE OR NATIONAL GUARD SE							
YES NO		formation about this service in Iter DDS OF RESERVE OR NATIO			DLITV)				
A. ARE YOU NOW IN TH	HE RESERVE OR NATION		INAL GUARD SERVICE	(NOT ACTIVE	DOTT				
YES NO									
INFORMATION TO	COMPLETE ITEM 1	6E:							
 Place "IRR" in Ite 	m 16E for each period	of reserve service if you were it of reserve service if you were tof reserve service if your were	e in the Individual Read	ly Reserve.					
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GU	ARD COMPONENT	E. RE	SERVE STATUS	S (See abbreviations above)			
individuals to encourage	e enlistment or retention in	N YOUR RESERVE ENLISTMENT the Reserve or National Guard for A COPY OF THE "KICKER" CON	rces, usually in specialized a	ontributed by Dol areas.) (IF YOU C) to an education	n fund on behalf of RESERVE "KICKER,"			
	HAT PROGRAM PAY FOR	OR CHAPTER 1606 (you checked I R YOUR TUITION, FEES, BOOKS /							
☐YES ∑NO									

PAGE 4 OF 6

PART III - MONTGOMERY GI BILL QUESTIONS		
(Complete this part only if you are applying for chapter 30 bene	fits)	
QUESTIONS	YES	NO
Q025110110	(V)	
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, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	, ,	
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TON TO		
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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:		
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.") Commission date:		
Scholarship Amounts:		
Year: Amount:		
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.	VEO	l NO
QUESTIONS 19A. ARE YOU CURRENTLY MARRIED?	YES	NO
19B. DO YOU HAVE ANY CHILDREN WHO ARE:	X	
(1) UNDER AGE 18? OR		.,
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		X
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		х
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		
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 SE ☐ YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SE	RVICE PROGRAM?	
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that iden	tifies the option you red	ceived)
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 MONT BILL BENEFITS (1/2 the 2-year rate)	HS OF MONTGOMER	Y GI
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Ca Options). This form is needed to document your eligibility and to confirm your incentive option.	Il to Service (NCS	S), Election of

PAGE 5 OF 6

	PART V - TRANSFER OF ENTITLEMENT QUESTIONS (Complete this part only if you are applying for this benefit)						
NOTE: This benefit requires (1) his or her dependents, and (2) the by name).	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						
IMPORTANT: Only a spouse, survivi	ng spouse, or child of a veteran who h	as transferred	entitlement should complete t	his information.			
21A. WHAT IS YOUR RELATIONSHIP TO ☐ SPOUSE ☐ SURVIVING		/HO TRANSFER	RED ENTITLEMENT TO YOU?				
	lationship as a spouse or child, have the	ne veteran com	plete and send us VA Form 2	21-686c. See Instructions.			
21B. VETERAN OR SERVICE MEMBER'S	NAME (First, Middle, Last)		21C. VETERAN OR SER				
21D. ADDRESS OF VETERAN OR SERVI	CE MEMBER WHO TRANSFERRED ENTIT	IL EMENT TO VO	MALE FEI	MALE			
21E. VETERAN OR SERVICE MEMBER'S	DATE OF BIRTH	21F. VETERAN	N OR SERVICE MEMBER'S SOC	IAL SECURITY NUMBER			
	EMPLOYMENT (IF N						
EMPLOYMENT	PRINCIPAL OCCUPATION	N	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING			
21G. JOB 1 (Since leaving high school)							
21H. JOB 2 (Since leaving high school)							
 REMARKS (Use this space to provide in numbers on this form to help us match y to place your name and social security r 	our answers to the correct questions. If mor	s form or that will be space is neede	help VA process your claim. Ref id, please attach separate sheets	er to the item of paper. Be sure			
	N/A						
P	ART VI - CERTIFICATION AN	ND SIGNAT	URE OF APPLICANT				
LCEDTIEV THAT all statements in my	(All applicants mu						
	y application are true and correct to the s to a material fact in a claim for educa	-	-	av result in the forfeiture of			
these or other benefits and in criminal		tion bonomo io	a pariionabio ononoo ana me	y roods in the fortestate of			
23A. FULL NAME OF APPLICANT (PRINT)	ED)						
Ethan Christopher No							
23B. SIGNATURE OF APPLICANT (Do NO	T Print)) (Minor children must also have the	eir parent or guar	dian sign in this item)	23C. DATE SIGNED			
sign here in ink Ethan	Christopher Nowel			05-03-07			
	RT VII - CERTIFICATION FOR	R APPLICA	NTS ON ACTIVE DUTY	′			
	nplete this part only if you are currently						
education program.	nember of the branch of the Armed Fo	rces snown bel	ow and has consulted with m	e regarding his/her			
24A. SIGNATURE, TITLE AND BRANCH (OF SERVICE OF ARMED FORCES EDUCA	TION OFFICER		24B. DATE SIGNED			

PAGE 6 OF 6

Department of Veterans Affairs Regional Processing Office



000-01-2001

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Jasmine Green

TIMS Clerk M2L1PT Claimants Orderno:22_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 22 For Training Purposes Only. Date Rec'd:

	Auth	ority For Tuit				n Servic	es Pr	ogra	m		
PRINCIPAL PURI records.	U.S.C. 8013 and EO 935 POSE: To process an ind	97. ividual's request for A	ir Force tu		ce. Use of SSN is				entification	on of the ind	ividual and
	Records may be disclose VOLUNTARY: Disclose								sapproval	of the indiv	idual's request
for tuition assistant			7.5	6 8		676	1.8				EIVED
Student Per											5, 2007
	NAME-MIDDLE INITIAL Jonathan Gar	rott		rank 03	PEO S	Stri	000-		004		
ORGANIZATION	Jonathan Gar	ieu	N FDV 1940		NAME OF SCHOOL		000-	00-0	V	ARO, MAI	IL ACTIVITY ITA, GA
U.S. Army	,		DUTY PHO	me.	Emory Ri	1000	ronoi	ıtical	Liniuo		A GA
U.S. Alling	/				Ellioly K	iddle At	eronac	llicai	Ullive	isity	
Student Enr Code	ollment Data: Course Title			Hours	Start Date	End (Date	Level	Loc	Cost	Pay Meth
CE 211	Valve Proposit	tion Analysis f	or	16	09-07	11-0	7		М		640.00
	Aviation										
								_			
Per Hour Cost	Total Lab Fees	Total Course Cost	Total Co.	remment C	ost Total Stude	nt Coet					
Fei Hour Cost	Total Cab Fees	\$640.00	Total Go	reminent O	\$640.0						
			onditio	bee and	Certification						
	changes will be made						6.1	-:-			
course for reason failure to complet grades, complet completion or correcord. I unders any other provise Administration and of the cours Secretary of the	e remaining amount and within my control ete the course was ration status) by the absompletion of 15 sentand that tuition assistion of the law where (VA) Education Allie. I understand that Air Force or his desired.	ol. I hereby volunt not due to circums love institution to nester hour incren- istance is not auth- te the payment wo owances, VEAP, toffers to repay T signee may excus-	arily authorized for control of the Air Frents (or corized fould constete.). I a fuition As a my obli	provide the seyond my force (PL) quarter ho ar any countitute a dup gree (office ssistance a figation to se	amount to be we control. I author 03-568). I agree ar equivalent) a se in which I are dication of bene ers only) to ren fter completing serve on active	rize the re e to notify according in receivir efits from nain on ac a course duty for the	the edu to AFI the U.S tive dut will not the perio	y pay if acadication 36-23 oursen 3. Government of the control of	if it is do emic info n service 05 for u nent in v ernment at least 2 ve the A cified or	etermined formation (es office of pdate of my whole or part (Veterana 2 years fol DSC. On a this agree	that my (course f degree ny military art under s llowing the ally the ement.
	disenroll from the					ir iii uie s	ioove c	ourse	. II nec	essary I	WILL
JGS Signature of Applic									T D	ate:	
		arret Schwa	177							11.0	5 07
Verification D.	MPF/ESO (Educ						11-25-07				
	Approved. This a the certification a				is considered	qualified	for the	cou	rse. Eli	igibility is	s based on
Disapproved Because	se:	The second secon									
Signature of Educat	ion Services Officer Rep	oresentative:							D	ate:	
Mail Invoices To	:			Τ.							
				Acco	inting Classifi	cation:					
				Master	Account	TAI	Doc#			EEIC	
Α.	mount to be invo	lced:									

AF Form 1227

TIMS Clerk M2L1PT Claimants Orderno:24_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 24 For Training Purposes Only. Date Rec'd:

(Example of information needed.)

Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Name of App	plicant	Social Security No.: 000-00-0026						
Stephen Charles Garve	у	VA File No. (If Different):						
	RECEIVED	(For Proper Payment Of Benefits Dependents Must Use VA File No.)						
Mailing Address VAR 23 SW 21st Street Pooler, GA 31322	RECEIVED DEC 05, 2007 20, MATL ACTIVI ATLANTA, GA 4	Home Telephone No. (Include Area Code) 912-351-3232 TY Work Telephone No. (Include Area Code) 912-212-2209						
Have you applied for VA Benefi	ts Before?	No						
If no, please also complete VA for with this application.	orm 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it						
To request a copy of either form	ı, call 1-800-827-1000.							
Name of Test		Name and Address of Organization Issuing License						
	age Therapy	Georgia Board of Massage Therapy						
Name of Test	age Therapy							
Name of Test Georgia Board of Massa Date Test Taken:	age Therapy	Georgia Board of Massage Therapy P.O. Box 13466						
Name of Test Georgia Board of Massa Date Test Taken: 09-19-07 Cost of Test: \$125.00		Georgia Board of Massage Therapy P.O. Box 13466						
Name of Test Georgia Board of Massa Date Test Taken: 09-19-07 Cost of Test: \$125.00 I hereby authorize the releasing.		Georgia Board of Massage Therapy P.O. Box 13466 Macon, GA 31208 ormation to the Department of Veterans						
Name of Test Georgia Board of Massa Date Test Taken: 09-19-07 Cost of Test: \$125.00 I hereby authorize the releasing. Date Signed Signate	ease of my test info	Georgia Board of Massage Therapy P.O. Box 13466 Macon, GA 31208 ormation to the Department of Veterans Not Print)						

Massachusetts Tests for Educator Licensure™

Test Date:

See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution: UMASS: Lowell

Test: 01 Communication and Literacy Skills Subtest: Reading Subtest: Writing Your Score: Min. Qualifying Score: Your Score: Min. Qualifying Score: Status: Status: Subarea Name Graphic Display Subarea Name Graphic Display Mechanics Exercise. Word Meaning..... Grammar and Usage... Main Idea and Detail..... Summary Exercise. Writer's Purpose...... Composition Exercise Idea Relationships....... Critical Reasoning..... Study Skills.....

ı		1 cost of mathematics	
I	Your Score:	Minimum Qualifying Score: Status:	
ı	Number of Questions	Subarea Name	Graphic Display
ı	11 to 20	Number Sense and Operations	,
ı	21 to 30	Patterns, Relations, and Algebra	
ı	11 to 20	Geometry and Measurement	
ı	11 to 20	Data Analysis, Statistics, & Probability	
ı	11 to 20	Trig, Calculus, and Discrete Mathematics	
١	2	Integration of Knowledge and Understanding	

Test: 09 Mathematics

Examinee Name: Stephen Charles Garvey

Social Security Number: 000-00-0026

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MA-SR-LASERO-03

Page 1 of 2

(Example of information needed.)

Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Name (of Applicant	Social Security No.: 000-00-0031						
Tyler James I	Richerson	VA File No. (If Different):						
NTD		(For Proper Payment Of Benefits Dependents Must						
	RECEIVED	Use VA File No.)						
Mailing Address	VARO, MAIL ACTIVITY ATLANTA, GA	Home Telephone No. (Include Area Code) 902-914-8700						
3401 Amber (Work Telephone No. (Include Area Code)						
Nashville, TN	37204	N/A						
If no, please also complete with this application.	Senefits Before? X Yes VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it						
Name of Test		Name and Address of Organization Issuing License						
Name of Test Barber Exam		Name and Address of Organization Issuing License Department of Commerce & Insurance						
Barber Exam		Department of Commerce & Insurance 500 James Robertson Parkway						
Barber Exam Date Test Taken:		Department of Commerce & Insurance						
Barber Exam		Department of Commerce & Insurance 500 James Robertson Parkway						
Barber Exam Date Test Taken:		Department of Commerce & Insurance 500 James Robertson Parkway						
Date Test Taken: 10-10-07 Cost of Test:	e release of my test info	Department of Commerce & Insurance 500 James Robertson Parkway						
Date Test Taken: 10-10-07 Cost of Test: I hereby authorize the Affairs.	e release of my test info	Department of Commerce & Insurance 500 James Robertson Parkway Nashville, TN 37234-0565						
Date Test Taken: 10-10-07 Cost of Test: I hereby authorize the Affairs.		Department of Commerce & Insurance 500 James Robertson Parkway Nashville, TN 37234-0565 ormation to the Department of Veterans Not Print)						

Massachusetts Tests for Educator Licensure™

Test Date:

See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution: UMASS: Lowell

Test: 01 Communication and Literacy Skills Subtest: Reading Subtest: Writing Your Score: Min. Qualifying Score: Your Score: Min. Qualifying Score: Status: Status: Subarea Name Graphic Display Subarea Name Graphic Display Mechanics Exercise... Word Meaning..... Grammar and Usage... Main Idea and Detail..... Summary Exercise..... Writer's Purpose..... Composition Exercise.. Idea Relationships...,... Critical Reasoning..... Study Skills....

	Test: 05 mathematics	
Your Score:	Minimum Qualifying Score: Status:	
Number of Questions	Subarea Name	Graphic Display
11 to 20	Number Sense and Operations	
21 to 30	Patterns, Relations, and Algebra	
11 to 20	Geometry and Measurement	
11 to 20	Data Analysis, Statistics, & Probability	
11 to 20	Trig, Calculus, and Discrete Mathematics	
2	Integration of Knowledge and Understanding	

Test: 09 Mathematics

Examinee Name: Tyler James Richerson

Social Security Number: 000-00-0031

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MA-SR-LASER0-03

CERTIFICATE OF MARRIAGE

This Certifies That

——— Markus Allan Jackson	and	Lorraine Edwina Preston
	were united by me	in RECEIVED
M	ARRÍA	DEC 05, 2007
on the sta	_ day of guly	in the year of Our
Lord One Thousand	Nine Hundred an	d Eighty Nine
at AFirst United Methodist Ch	iurch of Oviedo	
_ABeth Dorman Witnesses	- M - 22 - 2	Alan Seaward
Withesses	Title Reve	erencd

MARRAGE

000-01-1001

Commonwealth of Pennsylvania DEPARTMENT OF EDUCATION Bureau of Postsecondary Service. Division of Veterans/Military Education 333 Market Street, Harrisburg, PA 17126-0333

REVISED: DATE

RECEIVED

APPLICATION FOR APPROVAL OF A TRAINING PROGRAM UNDER PROVISIONS OF PUBLIC LAW 90-77

Apprenticeship Training for Veterans

VARO, MAIL ACTIVITY ATLANTA, GA

	Name of Establishme				ate Offi	versity					ma al	A alma	Office	
•	Establishment Conta Address 201 Shields Bu	ilding	k Reid		Llnivor	city Do	ark, Pennsylvania 16802-1294					itle Adm Officer		
2.	Address 201 Shelds Bt				Ci	Sity Fa	Zip C			ode		Tel.		
			onnel	emp1			types 7064						c	
	b. Major activity	of the	e esta	ablish	ment	unive	rsity	1001		_				
3.	•					Gilive	ioity							
	a. Name and title	of per	rson v	vho w	LLL be	dire	ectly	in ch	arge	of th	e vet	erans	tra	ining
	program Mark Reid								_					
	b. Name of person	who w	ill ma	inta	in pro	gress	and	other	reco	ords o	f tra	inees		
	Mark Reid													
-			29											
4.	9		in)		1		2	3	_	4	6
	the following progr	am:						Number is		ngth of	Work	pen	trained connel mally	In view of col. 4 give max.
	D A M D					- 1		petional		period	week	emp	oloyed	no. of trainees to be employed
	D.O.T. Program Titl	e:					Titles		1 "	(Hours) (Hou		in this		in this occup.
	Manager Trainee					ł	18916	798	20	00	12	1	-up-	
5.	Wage schedule for t	his pr	rogran	dur	ing to	aini	ig per	riod.						
	-	1.5	-		. 7		٠.							
	a. Length of wage	period	is	2	hour	s.								
							Pay Per	cent of						1
					5050									
		1st Period	2nd Period	3rd Period	4th Period	5th Pariod	6th Period	7th Period	8th Period	9th Pariod	10th Pariod	11th Pariod	12th Period	Normal Pay Rate of Trained Personnel
	Waga Pariod	Period	Period	Period	Period									Rate of Trained
	Wage Period		Period	Period										Rate of Trained
	12 Months	Period 7.65	Period	Period	Period									Rate of Trained
		Period 7.65	Period	Period	Period									Rate of Trained
	12 Months	Period 7.65	Period	Period	Period									Rate of Trained
	12 Months (Wage revision) (Wage revision)	7.65	7.80	Period 8.50	Period 10.05	Period								Rate of Trained
	12 Months (Wage revision)	7.65	7.80	Period 8.50	Period 10.05	Period								Rate of Trained
	(Wage revision) (Wage revision) These wages comply	7.65	7.80	8.50	Period 10.05	Period	Period							Rate of Trained Personnel
	(Wage revision) (Wage revision) These wages comply Signature for E	7.65	7.80	8.50	Period 10.05	Period	Period	Period	Period	Feriod	Period	Period	Period	Rate of Trained Personnel
6.	(Wage revision) (Wage revision) These wages comply to Signature for Edition and Signature for	Period 7.65 with a stabli	7.80	8.50	Period 10.05	Period	Tit	le apprer	Period	Feriod	Period	Period	Dat	Personnel e No
50.50	(Wage revision) (Wage revision) These wages comply	Period 7.65 with a stabli	7.80	8.50	Period 10.05	Period	Tit	le apprer	Period	Feriod	Period	Period	Dat	Personnel e No
50.50	(Wage revision) (Wage revision) These wages comply to Signature for Edition and Signature for	Period 7.65 with a stabli	7.80	8.50	Period 10.05	Period	Tit	le apprer	Period	Feriod	Period	Period	Dat	Personnel e No
50.50	(Wage revision) (Wage revision) These wages comply Signature for E Is this program reg. The above information establishment.	7.65 with a stablisters on des	7.80 all period with scribe	8.50 ertine	Period 10.05	Period	Tit ania A	le apprer emplo	Period	ship (Counci	Period	Dates in th	Rate of Trained Personnel
50.50	(Wage revision) (Wage revision) These wages comply Signature for E	7.65 with a stablisters on des	7.80 all period with scribe	8.50 ertine	Period 10.05	Period	Tit ania A	le apprer emplo	Period	ship (Counci	Period	Dates in th	Personnel e No
6. 7.	(Wage revision) (Wage revision) These wages comply Signature for E Is this program reg. The above information establishment.	Period 7.65 with a stabli istereon des	7.80 all period with scribe	8.50 ertine	Period 10.05	Period	Tit ania A	le Apprer emplo	Period	ship (Counce	Period	Dates in th	Rate of Trained Personnel

PDE-3634 (1/94)

TIMS Clerk M2L1PT Claimants Orderno:32_1 For Training Purposes Only V01

Department of Veterans Affairs Regional Processing Office



000-01-2001

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Hasan Overegle

TIMS Clerk M2L1PT Claimants Orderno: 33_1 For Training Purposes Only V01

Case: L1 POSTTEST Orderno: 33 For Training Purposes Only. Date Rec'd:

1	ERTIFICATE	OF RE	LEASE OR	DISCHARGE FROM	ACTIVE D	JTY			
NAME (Last, First, Middle) Alonzo, Stacy Renee	e		ARTMENT, CO Army	MPONENT AND BRANCH			AL SECURIT	Y NUMBER 0025	
4.a. GRADE , RATE OR RANK E6	b. PAY GRA E6	7. DATE OF BIRTH (YYYYMMDD) 1971, 01-16				OBLIGATION (DD) 2009	ON TERMINA 06 30	TION DATE	
7a. PLACE OF ENTRY INTO ACT	IVE DUTY	\neg	b. HOME OF I	RECORD AT TIME OF ENTRY (City and State, or complete address if known)					
Jacksonville, FL			205 W. E	Beach St., St. Augus	tine, FL 32	2085			
8a. LAST DUTY ASSIGNMENT A	ND MAJOR COM	MMAND	b.	STATION WHERE SEPAR	ATED				
Jacksonville NAS				Jacksonville NAS					
9. COMMAND TO WHICH TRANS	FERRED					10. SGLI C		NONE	
11. PRIMARY SPECIALTY (List nu				12. RECORD OF SERVICE	E	YEAR(S)	MONTH(S)	DAY(S)	
specialty. List additional speciall one or more years.)	ty numbers and til	THE RESERVE OF THE PERSON NAMED IN	-	a. DATE ENTERED AD TH	IIS PERIOD	1989	228	28	
Bravo 23, Apochee Ma	intenance	REC	EIVED	b. SEPARATION DATE TH	IS PERIOD	2009			
Bravo 20, Apocrice ivia	interiaries			c. NET ACTIVE SERVICE T		0000			
		DEC 0	5, 2007	d. TOTAL PRIOR ACTIVE		0000			
	VA	RO MA	LACTIVITY	e. TOTAL PRIOR INACTIV	E SERVICE	0000			
		ATLAN	ITA, GA	f. FOREIGN SERVICE		0000	—		
			4 , GA	g. SEA SERVICE h. EFFECTIVE DATE OF F	AV CDADE	2007	10	06	
15s. MEMBER CONTRIBUTED TO	O POST-VIETNA	AM ERA \	/ETERAN'S E	DUCATIONAL ASSISTANC	E PROGRAM	' [YES	NO	
b. HIGH SCHOOL GRADUATE	OR EQUIVALEN	NT					YES	NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE	OR EQUIVALEN	NT WAS PRO	OVIDED COMP	LETE DENTAL EXAMINAT	TON AND AL	L APPROPR	YES		
b. HIGH SCHOOL GRADUATE	OR EQUIVALEN	NT WAS PRO	OVIDED COMP		TON AND AL	L APPROPR	YES	NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID	OR EQUIVALEN 17. MEMBER V DENTAL SE	NT WAS PRO ERVICES	OVIDED COMP	LETE DENTAL EXAMINAT	TON AND AL	L APPROPR PARATION	YES	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is subpurposes and to determine eligibility for 19a. MAILING ADDRESS AFTER 12351 Western Ct.	OR EQUIVALENT 17. MEMBER V DENTAL SE Diject to computer m r, and/or continued SEPARATION (6)	WAS PRO ERVICES	OVIDED COMP AND TREATM AND TREATM SET THE PROPERTY OF THE PROP	ent of Defense or with any otherments of a Federal benefit pro	TION AND AL RIOR TO SEF or affected Feder orgram. VE (Name ar	L APPROPR ARATION eral or non-Fed	YES IATE	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is subpurposes and to determine eligibility for 19a. MAILING ADDRESS AFTER 12351 Western Ct. St. Augustine, FL 328	OR EQUIVALEN 17. MEMBER V DENTAL SE Diject to computer mr, and/or continued SEPARATION (6)	WAS PRO ERVICES	OVIDED COMP S AND TREATM S AND	ent of Defense or with any other b. NEAREST RELATI Chip Alonzo 12351 Wester	FION AND AL RIOR TO SEF or affected Feder ogram. VE (Name ar n Ct. St. A	L APPROPR ARATION eral or non-Fed	YES IATE leral agency for include Zip C FL 32085	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is subpurposes and to determine eligibility for 198. MAILING ADDRESS AFTER 12351 Western Ct.	OR EQUIVALENT 17. MEMBER V DENTAL SE Diject to computer mr, and/or continued SEPARATION (1) 1085 6 BE SENT TO	WAS PRO ERVICES natching will compliance	OVIDED COMP S AND TREATM Sthin the Departm the with the requir (ip Code)	ent of Defense or with any otherments of a Federal benefit pro	er affected Federagram. VE (Name and Ct. St. A	L APPROPR PARATION eral or non-Fed and address - ugustine,	YES IATE Jeral agency for include Zip C FL 32085 YES	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is sut purposes and to determine eligibility for 19a. MAILING ADDRESS AFTER 12351 Western Ct. St. Augustine, FL 328 20. MEMBER REQUESTS COPY	OR EQUIVALENT 17. MEMBER V DENTAL SE Diject to computer mr, and/or continued SEPARATION (1) 1085 6 BE SENT TO	WAS PRO ERVICES natching will compliance	OVIDED COMP S AND TREATM Sthin the Departm the with the requir (ip Code)	ent of Defense or with any other ements of a Federal benefit pro b. NEAREST RELATI Chip Alonzo 12351 Western	er affected Federagram. VE (Name and Ct. St. A	L APPROPR PARATION eral or non-Fed and address - ugustine,	YES IATE Jeral agency for include Zip C FL 32085 YES	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is subpurposes and to determine eligibility for 19a. MAILING ADDRESS AFTER 12351 Western Ct. St. Augustine, FL 328 20. MEMBER REQUESTS COPY 21. SIGNATURE OF MEMBER BE	OR EQUIVALENT 17. MEMBER V DENTAL SE Diject to computer m r, and/or continued SEPARATION (6) 6085 6 BE SENT TO EING SEPARATE	WAS PRO ERVICES natching wi compliance (Include Z	thin the Department with the requirement of the code o	ent of Defense or with any other ments of a Federal benefit pro- b. NEAREST RELATI Chip Alonzo 12351 Western OR OF VETERAN AFFAIR	er affected Federal Poperarian. VE (Name and Ct. St. A. S.	L APPROPR PARATION and address - ugustine, ugustine,	YES IATE Jeral agency for include Zip C FL 32085 YES	YES NO	
b. HIGH SCHOOL GRADUATE 16. DAYS ACCRUED LEAVE PAID 18. REMARKS The information contained herein is subpurposes and to determine eligibility for 19a. MAILING ADDRESS AFTER 12351 Western Ct. St. Augustine, FL 328 20. MEMBER REQUESTS COPY 21. SIGNATURE OF MEMBER BE	OR EQUIVALENT 17. MEMBER V DENTAL SE Diject to computer m r, and/or continued SEPARATION (6) 6085 6 BE SENT TO EING SEPARATE	WAS PRO ERVICES natching wi compliance (Include Z	thin the Department with the requirement of the code o	ent of Defense or with any other ements of a Federal benefit pro b. NEAREST RELATI Chip Alonzo 12351 Western	er affected Federal Poperarian. VE (Name and Ct. St. A. S.	L APPROPR PARATION and address - address - and address -	YES IATE Ieral agency for include Zip C FL 32085 YES ad signature)	YES NO	

DD FORM 214, FEB 2000

Completion of required active service
29. DATES OF TIME LOST DURING THIS PERIOD

Previous editions are obsolete.

SERVICE - 2

30. MEMBER REQUESTS COPY 4

(Initials)

TIMS Clerk M2L1PT Claimants Orderno: 34_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 34 For Training Purposes Only. Date Rec'd:

CERTIFICATE OF MARRIAGE

This Certifies That

Brian Paul St RECEIVED	мете united by me in
DEC 05, 2007	<u> </u>
VARO, MAIL ACTIVITY ATLANTA, GA	MARRIAGE
on the 21	day of September in the year of Our
Lord One Thousa	nd Nine Hundred and Eighty Five
At First Church of Chris	
	Officant Mark P. Barker
Witnesses	Officant Mark P. Barker Title Pastor

MARRAGE

000-01-1002

TIMS Clerk M2L1PT Claimants Orderno:35_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 35 For Training Purposes Only. Date Rec'd:

OMB Control No. 2900-0073 Respondent Burden: 10 minutes

rorm.					Respondent	Burden: 10 minutes
O Departme	ent of Veterans	Affairs				
			TRAINING OTHE	ER THAN APP	RENTICESHIP OR	Side
Livito		I-THE-JOB, FLIG				A
(Under Ch	apters 30, 32, or 35	, Title 38, U.S.C.; Chap	ter 1606, Title 10, U.S.	C.; or Sections 901	or 903 of Public Law 96-	342)
0		PORTANT - COMP				-
Con	nplete this side C	ONLY If you are certi	itying attendance to	r those types of t	raining shown in Item respondence training	15.
					e that VA Copy 1 is o	
1. NAME OF STUDEN	T (First, Middle, Last)		-	2. VA FILE NO. (For cl	hapter 35, include suffix. For o	hapter 30
John Willian	m Walt	- 1	RECEIVED	0000000		Junty Humber)
3. CURRENT ADDRES	11,11		DEC 05, 2007	SOCIAL SECURITY Item 2 above)	NUMBER OF STUDENT (If I	not entered in
1121 Forre		1,4	7- 5-71	000-000-0	040	
Avon Park,	FL 33825	VA	RO, MAIL ACTIVITY	PROPERTY CONTRACTOR		
5. TYPE OF TRAINING			AILANIA, GA	6. NAME OF PROGRA	AM	
GRADUATE OR	ATE COLLEGE DEGRI	EE FARM COORES	SATIVE 4	HVAC Tra	ainina	
PROFESSIONA		COOPERATIVE	(Not Farm)	7A. CREDIT FOR PRE		
NON-COLLEGE	DEGREE	GUEST STUDE				
AC		(Supplemental S	School)	N/A		
7B, IS STUDENT MAT	RICULATED AT YOUR	R FACILITY? (For VA purpos	es, a student is matriculated	when formally admitte	d as a degree seeking studen	()
☐YES ☑NO						
			ENROLLMENT DA	TA	Y-11-11-11-11-11-11-11-11-11-11-11-11-11	E-11111-1-1-1-1-1
		9. CREDIT HOUR CREDIT HOURS TAKEN		10. CLOCK	11. CHARGES	12. TRAINING TIME
8. ENROLLMENT E (Month, D		IN RESIDENCE,	REMEDIAL/	HOURS	FOR PERIODS	(Graduate or
(Month, D	ay, rour	INDEPENDENT	DEFICIENCY/	PER WEEK	OF INSTRUCTION	Advanced Professional
A. BEGIN	B. END	A. HOURS	REFRESHER B. HOURS	HOURS	TUITION & FEES	Program)
09/06	09/08	50		16	\$65/hour	
0.00.00	00,00				ψοσπισα.	
	13 ΔΓ	DITIONAL INFORMATION	ON FOR HIGH SCHOOL	AND FARM CO-OF	COLIBSES	
	PPROVED ON A UNIT	BASIS (Enter the number of	high B. FARM CO-O	P ONLY - Is student pu	rsuing course concurrently wit	
school units for which	h the student is enrolle	d)	full-time agric	cultural employment ave	eraging at least 40 hours per v	eek?
			YES	NO		
				ot an accelerate	d payment.) (See In	
	UEST AN	► 14A. SIGNATURE OF	liam Walt		14B. DATE SIG 9-9-07	
ADVANC	E PAYMENT	ACCELERATED P		T (Chapter 20 O		
	(Note - A	accelerated payment	t is not an advance	payment.) (See I	Instructions.)	
I request accelera	ted payment. I certif	y that I intend to seek e	mployment in one of the	e following industries	: Biotechnology, Life Scient	nce Technologies,
Nuclear Technolog		ecommunications, Electr	onics, Computer-integra	ated Manufacturing,	Material Design, Aerosp	ace, weapons, or
15A. SIGNATURE OF					15B. DATE SIGNED	
	liam Walt				9-9-07	
16. REMARKS						
NOTE - Complete	Item 17 only if cour	se(s) are contracted out	to another 17. NAME At	ND ADDRESS OF CON	TRACT SCHOOL OR BRANC	CHLOCATION
school or are give	n at a branch locati	se(s) are contracted out on other than shown in are taken at a branch or 266(c).	Item 18B.			
of a school as defi	ned in 38 CFR 21.42	266(c).	extension			
NOTE - READ TH	E CERTIFICATIONS	S SECTION ON ATTACK	HED SHEET BEFORE C	OMPLETING ITEMS	S 18A THROUGH 18E BE	LOW.
			in paragraphs (1) t	through (13) on t	the attached sheet ar	e certified.
18A. SIGNATURE OF	CERTIFYING OFFICIA	d.		NAME AND ADDRESS	ology, 2410 Metro Cer	tre Blvd
				alm Beach, FL 32		ido Divu.
18C. TELEPHONE NU	IMBER OF CERTIFYIN	G OFFICIAL	18D. DATE SIG		30.207.	LITY CODE
					1.52.17101	
VA FORM 22-1	1999	SUPERSEDE	S VA FORM 22-1999, MAR	2003,		VA COPY 1

TIMS Clerk M2L1PT Claimants Orderno: 37_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 37 For Training Purposes Only. Date Rec'd:

	Aut	hority For Tuit				n Servic	es Pro	gra	m		
PRINCIPAL PURI records. ROUTINE USES:	U.S.C. 8013 and EO 93 POSE: To process an inc Records may be disclos VOLUNTARY: Disclos	97. dividual's request for A sed to civilian schools f sure of SSN is voluntar	ir Force tu or the purp	oses of ensu	ring correct enrolls	nent and billi	ing inform	ation.			
	R	RECEIVED						_			
LASTNAME - FIRST	Sonal Data:	-2 05, 2007	1	RANK	pos		SSAN				
Tibbits, Th		DEC 03,	Y	SSGT				000	0-00-0	013	
ORGANIZATION	AV	RO, MAIL ACTIVIT ATLANTA, GA	DUTY PHO	ME	NAME OF SCHOOL	DL					
US	SAF	ATLA				Middle	Tenne	sse	e State	e Univers	sity
Student Enr	ollment Data:										
Code	Course Title			Hours	Start Date	End D		evel	Loc	Cost	Pay Meth
05001	Cost Accoun	nting		3	08-07	12-0	07 !	5	M	\$525.00	
							\rightarrow	\dashv			
	 					-	-	-			
								\neg			
Per Hour Cost	Total Lab Fees	Total Course Cost	Total Gov	vernment C	ost Total Stude	nt Cost					
	0	\$525.00			\$525.0	00					
	~		onditio	ons and	Certification	18					
failure to complet grades, complet completion or confection. I unders any other provise Administration and of the cours Secretary of the	ons within my controllete the course was also status) by the all completion of 15 servand that tuition assion of the law when (VA) Education All se. I understand that Air Force or his delivership of the law when the Air Force or his delivership of the law will inform my	not due to circums bove institution to mester hour increm sistance is not auth re the payment wo lowances, VEAP, at offers to repay T esignee may excuse Commander and	tances be the Air I nents (or orized fo uld consi etc.). I a uition As e my obli	eyond my of Force (PL squarter ho or any cour titute a duragree (officessistance a ligation to servisor of	control. I autho 93-568). I agree ur equivalent) a se in which I are plication of benners only) to ren fter completing serve on active	rize the rel e to notify according to m receiving efits from nain on act a course ve duty for th	the educe to AFI 3 g reimbuthe U.S. tive duty will not reperiod	acade ation 6-23 ursen Gov for emo	emic information services of for unent in vernment at least if we the A cified or	formation (ces office of pdate of my whole or part (Veterans 2 years follow) this agreement of this agreement of this agreement of the post of the pos	degree y military rt under owing the y the ment.
	disenroll from th	e above course b	efore th	e first cla	ss meeting.						
Signature of Applic	ant:								D	atc:	
	Thomas Na	than Tibbits								12-08-	-07
Verification B	y MPF/ESO (Educ	cation Services Of	llice)								
	Approved. This the certification a				is considered	qualified	for the	cou	se. Eli	igibility is	based on
Disapproved Becau	se:										
ignature of Educat	ion Services Officer Re	presentative:		****					D	ate:	
Mail Invoices To	i			Accou	inting Classifi	cation:					
500				Master	Account	TA D	Doc#			EEIC	
Aı	mount to be invo	olced:									

AF Form 1227

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 002691 BIRTH NO. REGISTRAR'S NO.										
1. PLACE OF BIRTH a. COUNTY Orange 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Florida b. COUNTY Orange							r live?)			
	f putside c	orporate limits, write RURAL)	CODEN	0.	o. CITY OR TOWN Orland	(If outside			rite RURAL)	
e. FULL NAME O HOSPITAL OR INSTITUTION	Winnie	hospital or institution, give street ac Palmer Hospital	dress or lose	tion)	d. STREET ADDRESS 456		al, give le am Dr.	35 G 15 1	lo, FL 3276	55
3. CHILD'S NA	AME	a. (First)			b. (Midcle)			c. (Last)		
(1998 or Hout)	244441111111111111111111111111111111111	Markus			Allan			Jacksor	ì	
4. SEX	5a. THIS	BIRTH	5b	IF TV	VIN OR TRIPLET (This	child borne ((Mont	h) (Day)	(Year)
М	SINGLE	X IWIN . IRIPLE	י 🗆 י	51 [2ND	JRD 🗌	OF BIRTH	06	14	65
			FATHI	ER (OF CHILD					
7. FULL NAME		a. (First)	b. (Middle	e)	c.	(Last)		8. COLOR O	
		Marcello		Jam			ckson		100000000000000000000000000000000000000	American
9. AGE (At time of the	his birth)	10. BIRTHPLACE (State or fo	reign countr	VI.	11a. USUAL OCCU	PATION	11		BUSINESS O	R INDUSTRY
31		Atlanta, GA			Engineer			Aeros	space	
			MOTH	ER	OF CHILD					
12. FULL MAID	EN NAM	■ a. (First)	b.	(Mid-	dle)	c. (La	st)		13. COLOR	
		Katherine		Lou	ise	Jack	kson		Africar	n American
14. AGE (At time of t	this birth)	15. BIRTHPLACE (State or for	eign country	16	CHILDREN PREVIO				1000	The state of the s
28		Dothan, AL			oTHER children	b. How ma			were stillbordead after 20	r children n (born
17. INFORMANT	/lelanie	P. Reise			are living?	are now di	0		dead after 20 pregnancy)?	weeks 0
I hereby certij on this date stat	ed	18a. SIGNATURE Melanie P. R. 18a. ADDRESS	eise			18b. ATTEN	NDANT A		OTHER Specify	
above this child	was					10d. DATE		0		
BORN X STI	RN	12155 Oak St., C	Orlando,	FI 32	2803	06-1	9-65			
19. DATE REC'D B	YLOCAL	20. REGISTRAR'S SIGNATU	RE		RECEIVED	21. DATE O	B, MHIC		AME ADDED (Registrar)
		0 01 10			DEC 05, 2007	1	ordei	cno 3	9	
	00	0-01-10	<i>U3</i>	VAF	RO, MAIL ACTIVITY ATLANTA, GA					

Case: APPENDIX A Orderno: 39 For Training Purposes Only. Date Rec'd:

CERTIFICATE OF MARRIAGE

This Certifies That

Michael C. Leslie	ано	Terry Padron
RECEIVED	were united by me in	
DEC 05, 2007		_
VARO, MAIL ACTIVITY ATLANTA, GA	ARRIAG	
on the 14th	day of February	in the year of Our
Lord One Thousand	Nine Hundred and six	y Four
at First Lutheran Church		
Peter Leslie	Officant Jim Oliver	
Witnesses Paul Dawron	Tit/e Reverend	

MARRAGE

000-01-1004

Operation of V	eterans Affairs	Δ.	APPLICATION FOR VA EDI (See attached Information		FITS	
		omplete and	send your application over the Internet			
			ANT AND BENEFIT INFORMATI			
		I Applica	nts Must Complete This Part)			
1A. NAME OF APPLICANT (First				VA DATI (Do Not Write		
Colby Jack Lev	00-212			RECE	IVED	
1B. SOCIAL SECURITY NUMBER 000-00-0047	R OF APPLICANT	3,000	NUMBER (If previously assigned) 00-00-0047	DEC 05, 2007		
2A. APPLICANT'S ADDRESS (No digit ZIP code if known)	umber, street or rural route,	city or P.O., S	state and ZIP Code) (Please provide 9		2010 C-212	
123 Biscayne Dr	rive			VARO, MAIL ATLANT	ACTIVITY A GA	
Atlanta, GA 303	13			4	,, OA	
2B. SEX OF APPLICANT	2C. APPLICANT'S DATE	OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS	3 APPLICANT'S TE	LEPHONE NUMBER	
				(Include A	rea Code)	
	06-04-69			A. DAY 404-555-8317	B. EVENING	
MALE FEMALE	300.00	(Check / 1 d	the box next to each benefit you wish to		404-555-2281	
MONTGOMERY GI BI currently serving on active entered active duty for	LL EDUCATIONAL ASS duty, you may be eligible the first time after June	ISTANCE P e to receive 30, 1985, OI	ROGRAM (title 38, U. S. C., chapter 30), this benefit. Check the box to the right if y	If you served or are ou:	X	
December 31, 1989, O	R		, , , , , , , , , , , , , , , , , , , ,			
 were discharged under 	one of the qualifying se	paration pro	grams shown in the instructions, OR			
			ducational Assistance program commonly efit during one of the open window periods			
	d on Selected Reserve :	service (Res	TIONAL ASSISTANCE PROGRAM (title terve or National Guard). Check the box r June 30, 1985.	10, U. S. C., chapter		
(NOT	E: Department of Defen	se (DoD) de	etermines eligibility for this program)	-	-	
called to active duty to sup contingency or other speci	port contingency operat fic operations.	ions. Check	e 10, U.S.C., chapter 1607). This benefit i the box to the right if you were called to a	s for a Reservist ctive duty to support		
			termines eliqibility for this program)	r Louise Transis		
			STANCE PROGRAM commonly referred t 42). Check the box to the right if you:	o as VEAP,		
 served on active duty a 	t any time from January	1, 1977 thro	ough June 30, 1985, AND			
either contributed funds	s or had your service bra	nch make c	ontributions for you.			
E. NATIONAL CALL TO S	ERVICE PROGRAM (tit	le 10, U.S.C	., chapter 31, section 510). Check the bo	x to the right if you:		
 entered on or after Oct 	ober 1, 2003 under the N	National Call	to Service program, AND			
selected one of the edu	cation incentives provid	ed by that pr	rogram			
Check this box to the right	only if you've selected	one of the tw	o Educational Allowance Incentive option	s.		
	(If you checked this	box, be sur	re to complete Part IV)			
F. THE "TRANSFER OF E	NTITLEMENT* PROGR	AM (title 38	, U.S.C., chapter 30, section 3020). Chec	k the box to the right		
 are a spouse or child of (chapter 30), AND 	f a person who qualified	for the Mont	tgomery GI Bill Educational Assistance Pro	ogram		
 believe that your paren 	t or spouse transferred e	ntitlement to	o you			
	(If you checked this	box, be sur	re to complete Part V)			

Please send a voided personal check or provide	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 N	UMBER D. ACCOUNT NUMBER					
Atlanta Postal Credit Union 889199840	315266					
	3. PREVIOUS VETERAN'S EDUCATION BENEFITS					
in Item 4) (Specify benefit)	Specify benefit)					
	D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)					
E. OTHER (Specify benefit)	. NONE					
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D	ADED OF BADENTIONOLIDE (O I					
	MBER OF PARENT/SPOUSE (See Instructions)					
N/A N/A						
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT X YES NO	OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)					
9. PROGRAM OF EDUCATION OR						
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If y	ou 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 goal that you indicated in Item 9A). If you have not selected a program, le						
A. Business						
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COURSE	☐ TUITION ASSISTANCE TOP-UP					
I SEEK REIMBURSEMENT FOR A LICENSING APPRENTICESHIP OR ON-THE-TRAINING	JOB					
NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRAINING	3					
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?	E. Complete Name and Address of School (Complete					
X YES NO	street address, city, state and ZIP code)					
(If you have selected a school, check "Yes," and specify its complete name and	University of Georgia					
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	212 s. Jackson St.					
10.)	Athens, GA					
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?	G. Date (Month, Year) of anticipated beginning school or training					
☐ YES ☑ NO (If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know	uaning					
this date check "No.") H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?	I. Information about repeated course					
☐ YES ☐ NO	The state of the s					
(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)						

TIMS Clerk M2L1PT Claimants Orderno:41a_1.2 For Training Purposes Only V01

Case: L1 POSTTEST Orderno: 41a For Training Purposes Only. Date Rec'd:

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	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?							om government employment:
☐ YES NO (If "Yes," show the source of these funds)								
NOTE - COMPLETE ITEM 11 ONLY IF YOU ARI	E ON ACTIVE	E DUT	Y					
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"							om the military:	
□YES ☑NO								
	12. EDL	JCATI	ON AND E	MPLOYMENT IN	FORMAT	ION		
A. DID YOU GRADUATE FROM HIGH SCHOOL? (graduated next to "Yes," and skip to Item 12C. If "No,"	If "Yes," write t complete Item	he date 12B)	you E		QUIVALEN		? (If "Yes,	" write the date you completed
YES Date] NO			□YES I	Date			lno
C. EDUCATION AFTER HIGH SCHO	OL (INCLUD	E ALL /	APPRENTIC	CESHIP, ON-THE-JO	B TRAINI	NG, AND FLIGHT 1	rainin(3) (See Instructions)
NAME AND LOCATION OF COLLEGE OR OTHE TRAINING PROVIDER (Include City and State)	R DATE		TRAINING	NUMBER OF SE QUARTER OR HOURS COMF	CLOCK	DEGREE, DIPL OR CERTIFICA RECEIVED	ATE	MAJOR FIELD OR COURSE OF STUDY
	FRO	JIVI	10					
None								
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATE	S? (If "Yes," li	st each						
certificate)			•	•				
☐YES ☑NO								
	EMPLOY	MEN	T (Complete	e ONLY if you serve	d in the m	ilitary)		
EMPLOYMENT	Р	RINCIP	PAL OCCUP	PATION		R OF MONTHS OCCUPATION		LICENSE OR RATING
E. Before Entering Military Service	Waiter				1	4	N/A	٨
F. After Leaving Military Service			Outbac khouse		3	36	N/A	A
PART II - S	SERVICE	INFO	ORMATI	ON (All applica	nts mus	t complete this	part)	
				UTY INFORMATI				
 A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TI title 32, U.S.C.) 	ME NATIONA	L GUA	RD DUTY?	(Send us a copy of y	our orders	, if authority for full-	time Nati	onal Guard duty is
YES NO								
B. ARE YOU NOW ON TERMINAL LEAVE BEFORE YES NO	DISCHARGE	E? (If ye	es, please p	provide the date you t	egan your	terminal leave)		
Date leave began:				Date of expected of	lischarge:			

		44 INFORMATION ABOUT	OUB BEBIODS OF AC	TIVE DUTY					
Diseas complete Items 1	4.4 showah 146 for and	14. INFORMATION ABOUT Y period of your active duty. It wi			- constant from F	ND 314 (seems 4) for			
		a period of your active duty. It wi Active Duty for Training)	II help VA process your ci	aim if you send a	copy of your L	DD 214 (copy 4) for			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY								
09-21-87	12-01-03	Air Force	Honorable		Х	N/A			
									
 Full time assig civilians; Attendance at a 	nment by a service de a service academy; or time - (time lost beca	s, any periods of active duty of partment to a civilian school f	or a course of education						
15. DO YOU ALSO HAV		SERVE OR NATIONAL GUARD S	ERVICE THAT ARE NOT A	CTIVE DUTY?					
YES NO		formation about this service in Ite			DUTO				
A. ARE YOU NOW IN TH	16. PERIC HE RESERVE OR NATIO	DDS OF RESERVE OR NATIONAL GUARD?	NAL GUARD SERVICE	(NOT ACTIVE	DUIY)				
☐YES ☐NO									
• Place "SR" in Item • Place "IRR" in Ite	m 16E for each period	l6E: of reserve service if you were l of reserve service if you wer l of reserve service if your we	e in the Individual Read	ly Reserve.					
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GU	IARD COMPONENT	E. RE	SERVE STATUS	S (See abbreviations above)			
N/A									
individuals to encourage CHECK "YES." IT MAY YES NO	enlistment or retention in HELP IF YOU SEND VA	N YOUR RESERVE ENLISTMEN' the Reserve or National Guard for A COPY OF THE "KICKER" CON	rces, usually in specialized a	areas.) (IF YOU C	NUALIFY FOR A	RESERVE "KICKER,"			
	AT PROGRAM PAY FOR	OR CHAPTER 1606 (you checked R YOUR TUITION, FEES, BOOKS							
YES NO									

PART III - MONTGOMERY GI BILL QUESTIONS (Complete this part only if you are applying for chapter 30 bene	fits)	
QUESTIONS	YES	NO
	(V)	(V)
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, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	Х	
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		X
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 if you send us a copy of your kicker contract.		Х
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:		X
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.") Commission date: Scholarship Amounts: Year: Amount: Year: Amount: Year: Amount:		X
Year: Amount:		
MARITAL AND DEPENDENCY STATUS	DEFORE	
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.	BEFORE	
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? OR (2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		
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 SE YES NO	RVICE PROGRAM?	
YES NO 20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that iden YES NO	tifies the option you red	ceived)
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 MONT BILL BENEFITS (1/2 the 2-year rate)	HS OF MONTGOMER	RY GI
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Ca Options). This form is needed to document your eligibility and to confirm your incentive option.	ll to Service (NC	S), Election of

PAGE 5 OF 6

	DARTY TRANSFER OF	CHITITI CM	ENT OUESTIONS				
	PART V - TRANSFER OF I (Complete this part only if ye						
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).							
	ng spouse, or child of a veteran who h	as transferred	entitlement should complete	this information.			
21A. WHAT IS YOUR RELATIONSHIP TO	THE VETERAN OR SERVICE MEMBER W						
SPOUSE SURVIVING							
IMPORTANT: If you checked your re 21B. VETERAN OR SERVICE MEMBER'S	lationship as a spouse or child, have the	he veteran cor		21-686c. See Instructions.			
216. VETERAN OR SERVICE MEMBER S	NAME (First, Middle, East)			EMALE			
21D. ADDRESS OF VETERAN OR SERVI	CE MEMBER WHO TRANSFERRED ENTIT	TLEMENT TO Y					
	21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU						
21E. VETERAN OR SERVICE MEMBER'S	DATE OF BIRTH	21F. VETERA	N OR SERVICE MEMBER'S SO	CIAL SECURITY NUMBER			
	EMPLOYMENT (IF N	O MILITAR	Y SERVICE)				
EMPLOYMENT	PRINCIPAL OCCUPATION	N	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING			
21G. JOB 1 (Since leaving high school)							
21H. JOB 2 (Since leaving high school)							
P	ART VI - CERTIFICATION AN	ND SIGNAT	TURE OF APPLICANT				
·	(All applicants mu						
I CERTIFY THAT all statements in my	application are true and correct to the	best of my kr	nowledge and belief.				
PENALTY - Willful false statements as these or other benefits and in criminal	s to a material fact in a claim for educa	ation benefits i	s a punishable offense and n	nay result in the forfeiture of			
23A. FULL NAME OF APPLICANT (PRINTE							
Colby Jack Lewis							
23B. SIGNATURE OF APPLICANT (Do NO	T Print)) (Minor children must also have the	eir parent or gua	ardian sign in this item)	23C. DATE SIGNED			
SIGN HERE IN INK				12-24-07			
(Have your Education Officer con I CERTIFY THAT this individual is a n	RT VII - CERTIFICATION FOR inplete this part only if you are currently nember of the branch of the Armed Fo	y on active dut	ly. This signature is not need	ed if you are on terminal leave)			
education program. 24A. SIGNATURE, TITLE AND BRANCH O	OF SERVICE OF ARMED FORCES EDUCA	TION OFFICER	<u> </u>	24B. DATE SIGNED			

Page 1 of 2

(Example of information needed.)

Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Nam	e of Applicant	Social Security No.: 000-00-0029			
Leroy Walker Johnson RECEIVED		VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)			
Mailing Address 2475 Banchory Winter Park, FL 3	DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA Road	Home Telephone No. (Include Area Code) 407-671-7304 Work Telephone No. (Include Area Code) N/A			
Have you applied for VA Benefits Before? Yes □ No If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000.					
Name of Test Name and Address of Organization Issuing License					
Barber Exam		Department of Business & Professional			
Date Test Taken: 11-07-07		Regulation 1940 North Monroe St. Tallahassee, FL 32399-0785			
Cost of Test: \$136.50					
I hereby authorize the release of my test information to the Department of Veterans Affairs.					
	me release of my test mi	от постава и пос			
	Signature of Applicant (Do				
Affairs.	-				

Page 2 of 2 305/269
Report 1 of 1

Massachusetts Tests for Educator Licensure™

Test Date:

See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution: UMASS: Lowell

Test: 01 Communication and Literacy Skills Subtest: Reading Subtest: Writing Your Score: Min. Qualifying Score: Your Score: Min. Qualifying Score: Status: Status: Subarea Name Graphic Display Subarea Name Graphic Display Mechanics Exercise Word Meaning..... Grammar and Usage..... Main Idea and Detail..... Summary Exercise Writer's Purpose...... Composition Exercise.... Idea Relationships...... Critical Reasoning... Study Skills...

Test: 09 Mathematics							
Your Score:	Minimum Qualifying Score:	Status:					
Number of Questions	Subarea Name		Graphic Display				
11 to 20	Number Sense and Operations						
21 to 30	Patterns, Relations, and Algebra						
11 to 20	Geometry and Measurement						
11 to 20	Data Analysis, Statistics, & Probability						
11 to 20	Trig, Calculus, and Discrete Mathematics						
2	Integration of Knowledge and Understanding						

Examinee Name: Leroy Walker Johnson Social Security Number: 000-00-0029

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MA-SR-LASERO-03

Form Approved: OMB No. 2900-0085 Respondent Burden: 1 Hour

Department of Vet	erans Affairs	APPEA	L TO BOARD OF V	ETERANS'	APPEALS	
IMPORTANT: Read the attack representative in filling out this		ore you fill ou	t this form. VA also encourag	es you to get assist	ance from your	
1. NAME OF VETERAN (Last Name, First	Name, Middle Initial)		2. CLAIM FILE NO. (Include prefix)	3. INSURANCE F	ILE NO., OR LOAN NO.	
Jasmine Green			000-00-0011	1321669	132166981	
4. I AM THE: VETERAN VETE OTHER (Specify)	ERAN'S WIDOW/ER	VETERANS	CHILD VETERAN'S PAR	RENT		
	NE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, C	ity State & ZIP Code		
A. HOME (Include Area Code) B. WORK (Include Area Code)		Code)	(Manuer & Sives or Fost Cyfice Dos, C.	ECEIVED		
404-312-1101 N/A			2476 Ranger Blvd.			
7. IF I AM NOT THE VETERAN, MY NAME IS:			Sparta, GA 31087		EC 05, 2007	
(Last Name, First Name, Middle Initial)				VARC), MAIL ACTIVITY TLANTA, GA	
Appeals hearing. DO NOT USE T. Check one (and only one) of the for A. I DO NOT WANT A BVA HE B. I WANT A BVA HEARING II C. I WANT A BVA HEARING A (Not available at Washington.) 9. THESE ARE THE ISSUES I WANT TO A. I WANT TO APPEAL ALL OF THE LOCAL VA OFFICE SENT TO ME	HIS FORM TO REQUES Howing boxes: EARING. N WASHINGTON, DC. AT A LOCAL VA OFFICE E DC, or Baltimore, MD, Regio APPEAL TO THE BVA: (1) ISSUES LISTED ON THE	T A HEARING B BEFORE A MEME and Offices.) Be sure to read the E STATEMENT O	e attached instructions. This block is EFORE VA REGIONAL OFFICE PLUSER, OR MEMBERS, OF THE BVA. Information about this block in paragraph F THE CASE AND ANY SUPPLEMEN L STATEMENT OF THE CASE I RECE	used to request a Board ERSONNEL. 6 of the attached instructio	4 of Veterans' ns.) THE CASE THAT MY	
10. HERE IS WHY I THINK THAT VAIDE	(Continue on the	· back, or attach sh	vets of paper, if you need more space.) 13. SIGNATURE OF APPOINTED RE (Not required if signed by appellant.	PRESENTATIVE, IF AN		
			(Not required if signed by appellant. instructions.)	See paragraph 6 of the		
Jasmine Green	þ7-0	06-2007				

VA FORM
APR 2004(RS)
TIMS Clerk M2L1PT Claimants Orderno: 43_1 For Training Purposes Only V01
Case: APPENDIX A Orderno: 43 For Training Purposes Only. Date Rec'd:

Form Approved: OMB No. 2900-0085 Respondent Burden: 1 Hour

Department of Vete	rans Affair	s APPEA	L TO BOARD OF		S' APPEALS
IMPORTANT: Read the attach representative in filling out this	ed instructions	A. 72 Selff.41	ut this form. VA also encoura	iges you to get ass	sistance from your
NAME OF VETERAN (Last Name, First N			2. CLAIM FILE NO. (Include prefix)	3. INSURANC	E FILE NO., OR LOAN NO.
Dmeroglu, Hansan			000-00-0020	12110	06551
4. LAM THE:			000-00-0020	12110	10001
VETERAN VETE	RAN'S WIDOW/ER	VETERAN	S CHILD VETERAN'S P	ARENT	
5. TELEPHONE NUMBERS			6. MY ADDRESS IS:		RECEIVED
A. HOME (Include Area Code) B. WORK (Include Area Code)			(Number & Street or Post Office Box,	City, State & ZIP Code	RECEIVED
404-305-0411	404-305-	.0400		- 1	DEC 05, 2007
7. IF I AM NOT THE VETERAN, MY NAME IS:				1	VARO, MAIL ACTIVITY ATLANTA, GA
(Last Name, First Name, Middle Initial)					ATLANTA, GA
N/A 8. HEARING					7
Appeals hearing. DO NOT USE TI Check one (and only one) of the folion. A. I DO NOT WANT A BVA HE B. I WANT A BVA HEARING IN	IIS FORM TO REA lowing boxes: ARING. I WASHINGTON, D T A LOCAL VA OFF	QUEST A HEARING	be attached instructions. This block BEFORE VA REGIONAL OFFICE. BER, OR MEMBERS, OF THE BVA.	하다면 [14] 기계시간 [14] 그리고 [14] [2] [4] [4]	
9. THESE ARE THE ISSUES I WANT TO			e information about this block in paragra	ph 6 of the attached instr	uctions.)
	ISSUES LISTED O	N THE STATEMENT	OF THE CASE AND ANY SUPPLEME	NTAL STATEMENTS	OF THE CASE THAT MY
B. I HAVE READ THE STATEMENT O	OF THE CASE AND	ANY SUPPLEMENTA	AL STATEMENT OF THE CASE I REC	CEIVED. I AM ONLY A	PPEALING THESE ISSUES:
10. HERE IS WHY I THINK THAT VA DEC			e to read the information about this block to read the information about this block the properties of paper, if you need more space.)	in paragraph 6 of the at	tached instructions.)
11. SIGNATURE OF PERSON MAKING T	HIS APPEAL	12. DATE	13. SIGNATURE OF APPOINTED F (Not required if signed by appellant		

VA FORM

APR 2004 PS 9
TIMS Clerk M2L1PT Claimants Orderno: 45_1 For Training Purposes Only V01

Case: APPENDIX A Orderno: 45 For Training Purposes Only. Date Rec'd:

09-21-2007

Hasan Omeroglu