

**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 Number	Item	No. of Pages	Change in 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
Orderno 13_1	VA Form 22-1990	6	V01
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

PRIVACY ACT STATEMENT

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 records.

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:

LASTNAME - FIRSTNAME - MIDDLE INITIAL

Wilson, Jerome Michael

RANK

04

DOS

Naval

SSAN

000-00-0017

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	3	09-07	12-07	5	M	1053	

Per Hour Cost Total Lab Fees Total Course Cost Total Government Cost Total Student 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.

Initial:

IMW

I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.

Signature of Applicant:

Jerome Michael Wilson

Date:

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:

Signature of Education Services Officer Representative:

Date:

Mail Invoices To:

Accounting Classification:

Master Account

TA Doc #

EEIC

Amount to be invoiced:

AF Form 1227

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; Respondent 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 (DO NOT PRINT)

10-24-07
DATE SIGNED

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

VA FORM 22-1990

Department of Veterans Affairs

ENROLLMENT CERTIFICATION FOR TRAINING OTHER THAN APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

Side A

IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.

Complete this side ONLY if you are certifying attendance for those types of training shown in Item 5.
(Use the reverse side for Apprenticeship, Other On-The-Job, Flight, or Correspondence training.)

Pull out carbon and reverse before completing the other side of this form. Ensure that VA Copy 1 is on top.

RECEIVED
DEC 05, 2007
VARO, MAIL ACTIVITY
ATLANTA, GA
4

1. NAME OF STUDENT (First, Middle, Last)
Tan Nguyen

2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number)

3. CURRENT ADDRESS OF STUDENT
**8500 Oak St.
Dublin, GA 31021**

4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above)
000-00-0019

5. TYPE OF TRAINING

UNDERGRADUATE COLLEGE DEGREE FARM COOPERATIVE
 GRADUATE OR ADVANCED PROFESSIONAL HIGH SCHOOL
 NON-COLLEGE DEGREE COOPERATIVE (Not Farm)
 GUEST STUDENT (Supplemental School)

6. NAME OF PROGRAM
Bachelor of Arts Education

7A. CREDIT FOR PREVIOUS TRAINING

7B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student)
 YES NO

ENROLLMENT DATA

8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. CREDIT HOUR COURSES		10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. TRAINING TIME (Graduate or Advanced Professional Program)
A. BEGIN	B. END	CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/DEFICIENCY/REFRESHER			
09-05	09-08	160	0	0		

13. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)

B. FARM CO-OP ONLY - Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week?
 YES NO

ADVANCE PAYMENT REQUEST - (Note: Advance payment is not an accelerated payment.) (See Instructions.)

I REQUEST AN ADVANCE PAYMENT 14A. SIGNATURE OF STUDENT: **Tan Nguyen** 14B. DATE SIGNED: **12-07-07**

ACCELERATED PAYMENT REQUEST (Chapter 30 Only)
(Note - Accelerated payment is not an advance payment.) (See Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Optoelectronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

15A. SIGNATURE OF STUDENT: **Tan Nguyen** 15B. DATE SIGNED: **12-07-07**

16. REMARKS

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 18B. 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).

17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

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.

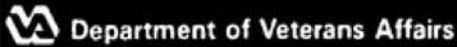
18A. SIGNATURE OF CERTIFYING OFFICIAL

18B. SCHOOL NAME AND ADDRESS
**Georgia Southern University
Statesboro, GA 30458**

18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL

18D. DATE SIGNED

18E. FACILITY CODE



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 - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) Brittany Carol Rose		1B. SOCIAL SECURITY NUMBER OF APPLICANT 000 00 0015	1C. DATE OF BIRTH OF APPLICANT 03-15-85
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS br549@hotmail.com	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: (205) 555-1234 EVENING: (205) 555-1235	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) 3435 Elm Street Atlanta, GA 30309			VA DATE STAMP (For VA Use Only) RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4

4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS?
 YES NO

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) Mark Call Rose			
5B. SOCIAL SECURITY NUMBER 000-00-0062		5C. VA FILE NUMBER (If known) 00000 0062	
6. DATE OF BIRTH 01-07-62	7. BRANCH OF SERVICE Army	8. SERVICE NUMBER 00000062	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?
 YES NO

11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?
 YES NO

11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE 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) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
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13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A. DISABILITY COMPENSATION OR PENSION

B. DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____

D. VOCATIONAL REHABILITATION BENEFITS

E. SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

F. OTHER (Specify) _____

G. NONE

Complete Item 14 only if you check Item 13E

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
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PART IV - APPLICANT'S MILITARY SERVICE

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 NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
(Please complete Items 16A through 16D for each period of your active duty)

N/A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

GRADUATED FROM HIGH SCHOOL DISCONTINUED HIGH SCHOOL
 EXPECT TO GRADUATE GED
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

May 21, 2004

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL	Buckhead Elementary					
HIGH SCHOOL	Fulton High	2001	2004		Diploma	
COLLEGE	N/A					
VOCATIONAL OR TRADE	N/A					
OTHER	N/A					

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING
A&P	Cashier	12	

PART VI - PROGRAM OF EDUCATION OR TRAINING

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank)

YES NO

BS Chemistry

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

COLLEGE OR OTHER SCHOOL
 APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
 LICENSING OR CERTIFICATION TEST
 NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
 CORRESPONDENCE COURSE (Spouse or surviving spouse only)
 FARM COOPERATIVE

<p>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.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p> <p>University of Southern California Los Angeles, CA 90039</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p> <p>08-08</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p> <p>08-08</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>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:</p>	<p>21B. DATE OF ELECTION</p> <p>08-07</p>
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22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)

N/A

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT
(All Applicants Must Complete This Part)

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

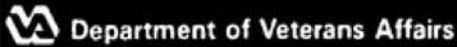
PENALTY: Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ▶ Brittany Carol Rose</p>	<p>23B. DATE SIGNED</p> <p>07-27-07</p>
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PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p> <p>Mark C. Rose</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).</p> <p>205-225-221 3435 Elm Street Atlanta, GA 30309</p>
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<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input checked="" type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ▶</p>	<p>25B. DATE SIGNED</p> <p>02-27-07</p>
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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 - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) Joy Elise Schwab		1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0024	1C. DATE OF BIRTH OF APPLICANT May 9, 1962
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS jesool@aol.com	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: (407) 306-5241 EVENING: (407-) 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			VA DATE STAMP (For VA Use Only) RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4

4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS?

YES NO

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) Dean Rodney Schwab			
5B. SOCIAL SECURITY NUMBER 000-00-0050		5C. VA FILE NUMBER (If known) 000 00 0050	
6. DATE OF BIRTH 10-24-57	7. BRANCH OF SERVICE Marines	8. SERVICE NUMBER 000000050	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?
 YES NO

11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ?
 YES NO

11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE 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) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
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13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

- A. DISABILITY COMPENSATION OR PENSION
- B. DEPENDENTS' INDEMNITY COMPENSATION (DIC)
- C. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____
- D. VOCATIONAL REHABILITATION BENEFITS
- E. SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)
- F. OTHER (Specify) _____
- G. NONE

Complete Item 14 only if you check Item 13E

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS N/A	14B. VETERAN'S FILE NUMBER N/A
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PART IV - APPLICANT'S MILITARY SERVICE

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 NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

GRADUATED FROM HIGH SCHOOL DISCONTINUED HIGH SCHOOL
 EXPECT TO GRADUATE GED
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

May, 1980

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL						
COLLEGE	Valencia Comm. College	1980	1982	16	N/A	
VOCATIONAL OR TRADE						
OTHER						

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING
Martin Marietta	Editor	7-years	N/A

PART VI - PROGRAM OF EDUCATION OR TRAINING

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank)

YES NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL
- APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
- LICENSING OR CERTIFICATION TEST
- NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- CORRESPONDENCE COURSE (Spouse or surviving spouse only)
- FARM COOPERATIVE

<p>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.)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>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:</p>	<p>21B. DATE OF ELECTION</p>
---	------------------------------

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

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT
(All Applicants Must Complete This Part)

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

PENALTY: Willfully 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.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ► Joy Elise Schwab</p>	<p>23B. DATE SIGNED</p> <p align="center">03-22-07</p>
--	--

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p> <p align="center">N/A</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).</p>
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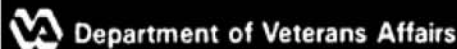
<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ►</p>	<p>25B. DATE SIGNED</p>
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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Parrish, Mark Timothy		2. DEPARTMENT, COMPONENT AND BRANCH Army		3. SOCIAL SECURITY NUMBER 000 00 0027	
4.a. GRADE, RATE OR RANK SPC	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19820305	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 2003705		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Ft. Benning, GA		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 304 Avenue A., Charleston, SC 29405			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 12450 Trans Co Kuwait EC			b. STATION WHERE SEPARATED Charleston Naval Air Station		
9. COMMAND TO WHICH TRANSFERRED Charleston Naval Air Station				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 250,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 63B1000 Light Wheel Vehicle mechanic - 2 years, 10 months		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2003	02	01
		b. SEPARATION DATE THIS PERIOD	2004	03	22
		c. NET ACTIVE SERVICE THIS PERIOD	0001	01	20
		d. TOTAL PRIOR ACTIVE SERVICE	0000	05	11
		e. TOTAL PRIOR INACTIVE SERVICE	0000	06	16
		f. FOREIGN SERVICE	0000	01	20
		g. SEA SERVICE	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/> NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT			<input type="checkbox"/>	YES	<input type="checkbox"/> NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
18. REMARKS <div style="text-align: center; border: 2px solid red; padding: 5px; width: fit-content; margin: auto;"> RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4 </div>					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 123 Elm St., Charleston, SC 29404			b. NEAREST RELATIVE (Name and address - include Zip Code) Mary Parrish 123 Elm St., Charleston, SC 29404		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERAN AFFAIRS			<input type="checkbox"/>	YES	<input type="checkbox"/> NO
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

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	28. 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)	



APPLICATION FOR VA EDUCATION BENEFITS

(See attached information and instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Tina Marie Gupta		VA DATE STAMP (Do Not Write In This Space) <div style="border: 2px solid red; padding: 5px; text-align: center;"> RECEIVED NOV, 20 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4 </div>	
1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0048	1C. VA FILE NUMBER (If previously assigned) 000-00-0048		
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 407 Murat Street Tallahassee, FL 32306			
2B. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH 01-01-71	2D. APPLICANT'S E-MAIL ADDRESS TMG@aol.com	3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)
			A. DAY 850-555-7781
			B. EVENING 850-555- 8211
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)			
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 			<input type="checkbox"/>
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)			<input checked="" type="checkbox"/>
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)			<input type="checkbox"/>
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 			<input type="checkbox"/>
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)			<input type="checkbox"/>
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)			<input type="checkbox"/>

5. DIRECT DEPOSIT INFORMATION

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

A. TYPE OF ACCOUNT

CHECKING SAVINGS I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

N/A

C. 9 DIGIT ROUTING OR TRANSIT NUMBER

N/A

D. ACCOUNT NUMBER

N/A

6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)

- A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)
- B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)
- C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)
- D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 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)

N/A

7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)

N/A

8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)

YES NO

9. PROGRAM OF EDUCATION OR TRAINING

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

YES NO

B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?

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

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 OR CERTIFICATION TEST APPRENTICESHIP OR ON-THE-JOB TRAINING
- NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT VOCATIONAL FLIGHT TRAINING

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?

YES NO

(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)

E. Complete Name and Address of School (Complete street address, city, state and ZIP code)

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

(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")

G. Date (Month, Year) of anticipated beginning school or training

N/A

H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?

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.)

I. Information about repeated course

N/A

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

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

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

Source of educational assistance from government employment:

N/A

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

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

YES NO

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

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

YES Date 05-01-1089 NO

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

YES Date _____ NO

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

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			
Tallahassee Comm. College 444 Appleyard Drive Tallahassee, FL 32304	08-89	12-89	15	None Associates	Degree

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

YES NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Retail	11	None
F. After Leaving Military Service	Retail	60	None

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

13. ACTIVE DUTY INFORMATION

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

YES NO

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

YES NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for each period of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
12-12-90	5-5-01	Army	Honorable		X	N/A

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

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

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

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

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES NO

INFORMATION TO COMPLETE ITEM 16E:

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

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

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES NO

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

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGBI 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 _____ <u>N/A</u> _____ To _____ <u>N/A</u> _____		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.		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: _____ <u>N/A</u> _____		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: _____ <u>N/A</u> _____ Scholarship Amounts: Year: _____ Amount: _____ 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 BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.		
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	<u>N/A</u>	
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? <u>OR</u>		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? <u>OR</u>		
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
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 SERVICE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input type="checkbox"/> NO
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

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

PART V - TRANSFER OF ENTITLEMENT QUESTIONS

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

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

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

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

SPOUSE SURVIVING SPOUSE CHILD

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

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

N/A

21C. VETERAN OR SERVICE MEMBER'S SEX

MALE FEMALE

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

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

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

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

(All applicants must complete this part)

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

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Tina Marie Gupta

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

SIGN HERE IN INK ▶ Tina Marie Gupta

23C. DATE SIGNED

05-04-07

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY

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

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

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

24B. DATE SIGNED



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; Respondent Burden: 35 minutes
Form Date: July 2000

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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.

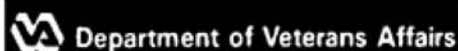
Mary Elizabeth Walker _____ 09-19-07
SIGNATURE OF APPLICANT (DO NOT PRINT) DATE SIGNED

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

VA FORM 22-1990



ENROLLMENT CERTIFICATION FOR TRAINING OTHER THAN APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

Side A

IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.
Complete this side ONLY if you are certifying attendance for those types of training shown in Item 5. (Use the reverse side for Apprenticeship, Other On-The-Job, Flight, or Correspondence training.)
Pull out carbon and reverse before completing the other side of this form. Ensure that VA Copy 1 is on top.

1. NAME OF STUDENT (First, Middle, Last) Amy Theresa Bommelje		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number)	
3. CURRENT ADDRESS OF STUDENT 121 Island Drive Orlando, FL 32817		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above) 000-00-0034	
5. TYPE OF TRAINING <input checked="" type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> GUEST STUDENT (Supplemental School)		6. NAME OF PROGRAM Registered Nurse	
7B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7A. CREDIT FOR PREVIOUS TRAINING 0	

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ENROLLMENT DATA						
8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. CREDIT HOUR COURSES		10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. TRAINING TIME (Graduate or Advanced Professional Program)
		CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/ DEFICIENCY/ REFRESHER			
A. BEGIN	B. END	A. HOURS	B. HOURS	HOURS	TUITION & FEES	
09-07	12-07	12	0	0	0	

13. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)	B. FARM CO-OP ONLY - Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

ADVANCE PAYMENT REQUEST - (Note: Advance payment is not an accelerated payment.) (See Instructions.)

I REQUEST AN ADVANCE PAYMENT	14A. SIGNATURE OF STUDENT Amy T. Bommelje	14B. DATE SIGNED 12-18-07
-------------------------------------	---	-------------------------------------

ACCELERATED PAYMENT REQUEST (Chapter 30 Only)
(Note - Accelerated payment is not an advance payment.) (See Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Optoelectronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

15A. SIGNATURE OF STUDENT Amy T. Bommelje	15B. DATE SIGNED 12-18-07
---	-------------------------------------

16. REMARKS

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 18B. 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).

17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION
--

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.

18A. SIGNATURE OF CERTIFYING OFFICIAL	18B. SCHOOL NAME AND ADDRESS Valencia Community College P.O. Box 30284, Orlando, FL 32802	
18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	18D. DATE SIGNED	18E. FACILITY CODE



Department of Veterans Affairs

APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Ethan Christopher Nowel			VA DATE STAMP (Do Not Write In This Space)	
1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0041	1C. VA FILE NUMBER (If previously assigned) 000 00 0041			
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 2121 Brown Street Charleston, SC 29401				
2B. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH August 23, 1971	2D. APPLICANT'S E-MAIL ADDRESS BrownNovel@aol.com	3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
			A. DAY 205-331-1131	B. EVENING 205-331-1131
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)				
<p>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:</p> <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 				<input type="checkbox"/>
<p>B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985.</p> <p>(NOTE: Department of Defense (DoD) determines eligibility for this program)</p>				<input checked="" type="checkbox"/>
<p>C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations.</p> <p>(NOTE: Department of Defense (DoD) determines eligibility for this program)</p>				<input type="checkbox"/>
<p>D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you:</p> <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 				<input type="checkbox"/>
<p>E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you:</p> <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program <p>Check this box to the right only if you've selected one of the two Educational Allowance Incentive options.</p> <p>(If you checked this box, be sure to complete Part IV)</p>				<input type="checkbox"/>
<p>F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you:</p> <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you <p>(If you checked this box, be sure to complete Part V)</p>				<input type="checkbox"/>

5. DIRECT DEPOSIT INFORMATION

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

A. TYPE OF ACCOUNT

CHECKING SAVINGS I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

Educators Federal Credit Union

C. 9 DIGIT ROUTING OR TRANSIT NUMBER

036360113

D. ACCOUNT NUMBER

135896-01

6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)

- A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)
- B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)
- C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)
- D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 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)

N/A

7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)

N/A

8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)

YES NO

9. PROGRAM OF EDUCATION OR TRAINING

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

YES NO

B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?

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

Bachelor of Science in BioSystem Engineering

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 OR CERTIFICATION TEST APPRENTICESHIP OR ON-THE-JOB TRAINING
- NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT VOCATIONAL FLIGHT TRAINING

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?

YES NO

(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)

E. Complete Name and Address of School (Complete street address, city, state and ZIP code)

Clemson University
Clemson, SC 29634

F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?

YES NO

(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")

G. Date (Month, Year) of anticipated beginning school or training

09-08

H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?

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.)

I. Information about repeated course

N/A

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

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

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

Source of educational assistance from government employment:

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

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

YES NO ▶

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

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

YES Date May 1989 NO

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

YES Date _____ NO

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

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

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

YES NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Student		
F. After Leaving Military Service	Student		

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

13. ACTIVE DUTY INFORMATION

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

YES NO

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

YES NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for each period of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
May 1989	N/A	Army	N/A			

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

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

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

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

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES NO

INFORMATION TO COMPLETE ITEM 16E:

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

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

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES NO

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

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGBI 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.		
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 _____		
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.		

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: _____ Year: _____ Amount: _____ 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.		
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	X	
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? OR		X
(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?		X
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 SERVICE PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) <input checked="" type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

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

PART V - TRANSFER OF ENTITLEMENT QUESTIONS

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

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

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

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

SPOUSE SURVIVING SPOUSE CHILD

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

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

21C. VETERAN OR SERVICE MEMBER'S SEX

MALE FEMALE

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

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

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

N/A

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

(All applicants must complete this part)

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

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Ethan Christopher Nowel

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

23C. DATE SIGNED

SIGN HERE IN INK ▶ Ethan Christopher Nowel

05-03-07

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY

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

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

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

24B. DATE SIGNED

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

Authority For Tuition Assistance - Education Services Program

PRIVACY ACT STATEMENT

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 records.

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.

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY
ATLANTA, GA

Student Personal Data:

LASTNAME - FIRSTNAME - MIDDLE INITIAL Schwarz, Jonathan Garrett	RANK 03	DOS PEO Stri	SSAN 000-00-0004
ORGANIZATION U.S. Army	DUTY PHONE	NAME OF SCHOOL Emory Riddle Aeronautical University	

Student Enrollment Data:

Code	Course Title	Hours	Start Date	End Date	Level	Loc	Cost	Pay Meth
CE 211	Valve Proposition Analysis for Aviation	16	09-07	11-07		M	\$640.00	
Per Hour Cost	Total Lab Fees	Total Course Cost	Total Government Cost	Total Student Cost				
		\$640.00		\$640.00				

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.

Initial: JGS I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.

Signature of Applicant: Jonathan Garret Schwarz Date: 11-25-07

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:

Signature of Education Services Officer Representative: Date:

Mail Invoices To:

Accounting Classification:

Master Account TA Doc # EEIC

Amount to be invoiced:

(Example of information needed.)
***Application for Licensing and Certification Testing Fee
 Reimbursement***

First-Middle -Last Name of Applicant Stephen Charles Garvey <p style="text-align: right;"><i>RECEIVED</i></p>	Social Security No.: 000-00-0026 VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address 23 SW 21st Street Pooler, GA 31322 <p style="text-align: center;"><i>DEC 05, 2007</i> <i>VARO, MAIL ACTIVITY</i> <i>ATLANTA, GA</i> <i>4</i></p>	Home Telephone No. (Include Area Code) 912-351-3232 Work Telephone No. (Include Area Code) 912-212-2209

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 Georgia Board of Massage Therapy	Name and Address of Organization Issuing License Georgia Board of Massage Therapy P.O. Box 13466 Macon, GA 31208
Date Test Taken: 09-19-07	
Cost of Test: \$125.00	

I hereby authorize the release of my test information to the Department of Veterans Affairs.

Date Signed 09-21-07	Signature of Applicant (Do Not Print) Stephen Charles Garvey
------------------------------------	--

Please return this form and a copy of your test results to the VA Office which handles

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

Your Score:

Min. Qualifying Score:

Status:

Subtest: Writing

Your Score:

Min. Qualifying Score:

Status:

Subarea Name	Graphic Display
Word Meaning.....	
Main Idea and Detail.....	
Writer's Purpose.....	
Idea Relationships.....	
Critical Reasoning.....	
Study Skills.....	

Subarea Name	Graphic Display
Mechanics Exercise.....	
Grammar and Usage.....	
Summary Exercise.....	
Composition Exercise.....	

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: Stephen Charles Garvey

Social Security Number: 000-00-0026

(Example of information needed.)
Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Name of Applicant Tyler James Richerson	Social Security No.: 000-00-0031 VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address 3401 Amber Oak Ct. Nashville, TN 37204	Home Telephone No. (Include Area Code) 902-914-8700 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 Barber Exam	Name and Address of Organization Issuing License 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 release of my test information to the Department of Veterans Affairs.

Date Signed 10-10-07	Signature of Applicant (Do Not Print) <i>Tyler James Richerson</i>
------------------------------------	--

Please return this form and a copy of your test results to the VA Office which handles

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

Your Score:

Min. Qualifying Score:

Status:

Subarea Name	Graphic Display
Word Meaning.....	
Main Idea and Detail.....	
Writer's Purpose.....	
Idea Relationships.....	
Critical Reasoning.....	
Study Skills.....	

Subtest: Writing

Your Score:

Min. Qualifying Score:

Status:

Subarea Name	Graphic Display
Mechanics Exercise.....	
Grammar and Usage.....	
Summary Exercise.....	
Composition Exercise.....	

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: Tyler James Richerson

Social Security Number: 000-00-0031

CERTIFICATE OF MARRIAGE

This Certifies That

Markus Allan Jackson and Lorraine Edwina Preston

were united by me in

MARRIAGE

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on the 5th day of July in the year of Our

Lord One Thousand Nine Hundred and Eighty Nine

at A First United Methodist Church of Oviedo

ABeth Dorman

Witnesses

Officiant Rev. Alan Seaward

Title Reverend

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



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

Apprenticeship Training for Veterans

1. Name of Establishment Pennsylvania State University
 Establishment Contact Mark Reid Title Adm Officer
2. Address 201 Shields Building, University Park, Pennsylvania 16802-1294 814-863-7590
 Street City Zip Code Tel.
 a. Total number of personnel employed, all types 7064
 b. Major activity of the establishment university
3. Training organization and supervision
 a. Name and title of person who will be directly in charge of the veterans training program Mark Reid
 b. Name of person who will maintain progress and other records of trainees _____
Mark Reid

4. Training is to be given in the following program:

D.O.T. Program Title:
Manager Trainee

1	2	3	4	5
Code Number in Dictionary of Occupational Titles	Length of training period (Hours)	Work per week (Hours)	No. trained personnel normally employed in this occup.	In view of col. 4 give max. no. of trainees to be employed in this occup.
18916798	200	12		

5. Wage schedule for this program during training period.

- a. Length of wage periods 12 hours.

Wage Period	Pay Percent of												Normal Pay Rate of Trained Personnel
	1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period	7th Period	8th Period	9th Period	10th Period	11th Period	12th Period	
12 Months	7.65	7.80	8.50	10.05									
(Wage revision)													
(Wage revision)													

These wages comply with all pertinent laws.

Signature for Establishment _____ Title _____ Date _____

6. Is this program registered with the Pennsylvania Apprenticeship Council? Yes _____ No _____

7. The above information describes the conditions of employment and training in this establishment.

a. For establishment _____ Date _____

b. PDE representative _____ Date _____

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 Overogse

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Alonzo, Stacy Renee		2. DEPARTMENT, COMPONENT AND BRANCH U.S Army		3. SOCIAL SECURITY NUMBER 000 00 0025	
4.a. GRADE, RATE OR RANK E6	b. PAY GRADE E6	5. DATE OF BIRTH (YYYYMMDD) 1971, 01-16	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 2009 06 30		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Jacksonville, FL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 205 W. Beach St., St. Augustine, FL 32085			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Jacksonville NAS		b. STATION WHERE SEPARATED Jacksonville NAS			
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) Bravo 23, Apochee Maintenance		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD		1989	228
		b. SEPARATION DATE THIS PERIOD		2009	
		c. NET ACTIVE SERVICE THIS PERIOD		0000	
		d. TOTAL PRIOR ACTIVE SERVICE		0000	
		e. TOTAL PRIOR INACTIVE SERVICE		0000	
		f. FOREIGN SERVICE		0000	
		g. SEA SERVICE		0000	
		h. EFFECTIVE DATE OF PAY GRADE		2007	10 06
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) None		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) None			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM				YES	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				YES	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 12351 Western Ct. St. Augustine, FL 328085			b. NEAREST RELATIVE (Name and address - include Zip Code) Chip Alonzo 12351 Western Ct. St. Augustine, FL 32085		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIRECTOR OF VETERAN AFFAIRS		YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Terminal	24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY	26. SEPARATION CODE LAK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION Completion of required active service		
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4 (Initials)

CERTIFICATE OF MARRIAGE

This Certifies That

Brian Paul Stepou and *Riana Ann Wallen*

were united by me in

MARRIAGE

on the *21* day of *September* in the year of Our
Lord One Thousand Nine Hundred and *Eighty Five*
at *First Church of Christ*

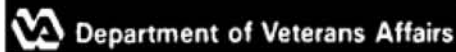
Witnesses

Officant *Mark P. Barker*

Title *Pastor*

MARRAGE

000-01-1002



ENROLLMENT CERTIFICATION FOR TRAINING OTHER THAN APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

Side A

IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.
Complete this side ONLY if you are certifying attendance for those types of training shown in Item 5.
(Use the reverse side for Apprenticeship, Other On-The-Job, Flight, or Correspondence training.)
Pull out carbon and reverse before completing the other side of this form. Ensure that VA Copy 1 is on top.

1. NAME OF STUDENT (First, Middle, Last) John William Walt		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number) 0000000040	
3. CURRENT ADDRESS OF STUDENT 1121 Forrest Hill Rd. Avon Park, FL 33825		4. SOCIAL SECURITY NUMBER OF STUDENT (if not entered in item 2 above) 000-000-0040	
5. TYPE OF TRAINING <input type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input checked="" type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> GUEST STUDENT (Supplemental School)		6. NAME OF PROGRAM HVAC Training	
		7A. CREDIT FOR PREVIOUS TRAINING N/A	
7B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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ENROLLMENT DATA

8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. CREDIT HOUR COURSES		10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. TRAINING TIME (Graduate or Advanced Professional Program)
		CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/ DEFICIENCY/ REFRESHER			
A. BEGIN	B. END	A. HOURS	B. HOURS	HOURS	TUITION & FEES	
09/06	09/08	50		16	\$65/hour	

13. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)	B. FARM CO-OP ONLY - Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

ADVANCE PAYMENT REQUEST - (Note: Advance payment is not an accelerated payment.) (See Instructions.)

I REQUEST AN ADVANCE PAYMENT	14A. SIGNATURE OF STUDENT <i>John William Walt</i>	14B. DATE SIGNED 9-9-07
------------------------------	---	-----------------------------------

ACCELERATED PAYMENT REQUEST (Chapter 30 Only)
(Note - Accelerated payment is not an advance payment.) (See Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Optoelectronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

15A. SIGNATURE OF STUDENT <i>John William Walt</i>	15B. DATE SIGNED 9-9-07
---	-----------------------------------

16. REMARKS

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 18B. 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).	17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION
--	--

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.

18A. SIGNATURE OF CERTIFYING OFFICIAL	18B. SCHOOL NAME AND ADDRESS Lincoln College of Technology, 2410 Metro Centre Blvd. West Palm Beach, FL 32410	
18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	18D. DATE SIGNED	18E. FACILITY CODE

Authority For Tuition Assistance - Education Services Program

PRIVACY ACT STATEMENT

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 records.

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:

LASTNAME - FIRSTNAME - MIDDLE INITIAL

Tibbits, Thomas Nathan

RANK

SSGT

DOS

SSAN

000-00-0013

ORGANIZATION

USAF

DUTY PHONE

NAME OF SCHOOL

Middle Tennessee State University

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Student Enrollment Data:

Code	Course Title	Hours	Start Date	End Date	Level	Loc	Cost	Pay Meth
05001	Cost Accounting	3	08-07	12-07	5	M	\$525.00	
Per Hour Cost	Total Lab Fees	Total Course Cost	Total Government Cost	Total Student Cost				
	0	\$525.00		\$525.00				

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.

Initial: TNI I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.

Signature of Applicant: *Thomas Nathan Tibbits* Date: 12-08-07

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:

Signature of Education Services Officer Representative: Date:

Mail Invoices To:

Accounting Classification:

Master Account TA Doc # EEIC

Amount to be Invoiced:

CERTIFICATE OF BIRTH

002691

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BIRTH NO. _____

REGISTRAR'S NO. _____

1. PLACE OF BIRTH a. COUNTY Orange b. CITY OR TOWN Orlando c. FULL NAME OF HOSPITAL OR INSTITUTION Winnie Palmer Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Florida b. COUNTY Orange c. CITY OR TOWN Orlando d. STREET ADDRESS 4567 Eagleham Dr., Orlando, FL 32765	
---	--	--	--

3. CHILD'S NAME (Type or Print)								
a. (First) Markus			b. (Middle) Allan			c. (Last) Jackson		

4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) 06 14 65
-------------	--	---	--

FATHER OF CHILD			
7. FULL NAME a. (First) Marcello b. (Middle) James c. (Last) Jackson		8. COLOR OR RACE African American	
9. AGE (At time of this birth) 31	10. BIRTHPLACE (State or foreign country) Atlanta, GA	11a. USUAL OCCUPATION Engineer	11b. KIND OF BUSINESS OR INDUSTRY Aerospace

MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Katherine b. (Middle) Louise c. (Last) Jackson		13. COLOR OR RACE African American	
14. AGE (At time of this birth) 28	15. BIRTHPLACE (State or foreign country) Dothan, AL	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Melanie P. Reise			

I hereby certify that on this date stated above this child was BORN ALIVE <input checked="" type="checkbox"/> STILL-BORN <input type="checkbox"/> 18a. SIGNATURE <i>Melanie P. Reise</i> 18c. ADDRESS 12155 Oak St., Orlando, FL 32803		18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) 18d. DATE SIGNED 06-19-65 21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	
19. DATE REC'D BY LOCAL		20. REGISTRAR'S SIGNATURE	



000-01-1003

Orderno 39

CERTIFICATE OF MARRIAGE

This Certifies That

Michael C. Leslie

and

Terry Padron

were united by me in

MARRIAGE

on the 14th day of February in the year of Our

Lord One Thousand Nine Hundred and Sixty Four

at First Lutheran Church

Peter Leslie

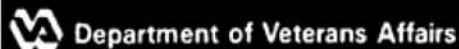
Officant Jim Oliver

Witnesses Paul Dawron

Title Reverend

MARRAGE

000-01-1004



APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Colby Jack Lewis			VA DATE STAMP (Do Not Write In This Space) <div style="border: 2px solid red; padding: 5px; text-align: center;"> RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4 </div>	
1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0047	1C. VA FILE NUMBER (If previously assigned) 000-00-0047			
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 123 Biscayne Drive Atlanta, GA 30313				
2B. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH 06-04-69	2D. APPLICANT'S E-MAIL ADDRESS	3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
			A. DAY 404-555-8317	B. EVENING 404-555-2281
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)				
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 				<input checked="" type="checkbox"/>
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 				<input type="checkbox"/>
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)				<input type="checkbox"/>
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)				<input type="checkbox"/>

5. DIRECT DEPOSIT INFORMATION

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

A. TYPE OF ACCOUNT		
<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I DO NOT HAVE AN ACCOUNT		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER
Atlanta Postal Credit Union	889199840	315266
6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)		
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)	<input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)	
<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)	<input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)	
<input type="checkbox"/> E. OTHER (Specify benefit _____)	<input checked="" type="checkbox"/> F. NONE	
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D		
7A. NAME OF PARENT/SPOUSE (See Instructions)	7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)	
N/A	N/A	
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. PROGRAM OF EDUCATION OR TRAINING		
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
A. Business		
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)		
<input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL	<input type="checkbox"/> CORRESPONDENCE COURSE	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP
<input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	
<input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT	<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?	E. Complete Name and Address of School (Complete street address, city, state and ZIP code)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	University of Georgia 212 s. Jackson St. 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	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")		
H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?	I. Information about repeated course	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.)		

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

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

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

Source of educational assistance from government employment:

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

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

YES NO ▶

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

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

YES Date _____ NO

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

YES Date _____ NO

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

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			
None					

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

YES NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Waiter	14	N/A
F. After Leaving Military Service	Manager - Outback Steakhouse	36	N/A

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

13. ACTIVE DUTY INFORMATION

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

YES NO

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

YES NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for each period of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
09-21-87	12-01-03	Air Force	Honorable		X	N/A

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

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

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

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

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES NO

INFORMATION TO COMPLETE ITEM 16E:

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

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

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES NO

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

QUESTIONS	YES (<input checked="" type="checkbox"/>)	NO (<input checked="" type="checkbox"/>)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGBI 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 _____ 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.		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: _____		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: _____ Year: _____ Amount: _____ Year: _____ Amount: _____		X

MARITAL AND DEPENDENCY STATUS		
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.		
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		
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	
<i>(Complete this part only if you are applying for this benefit)</i>	
20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input type="checkbox"/> NO	
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)	
<input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate)	<input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

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

PART V - TRANSFER OF ENTITLEMENT QUESTIONS

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

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

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

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

SPOUSE SURVIVING SPOUSE CHILD

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

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

21C. VETERAN OR SERVICE MEMBER'S SEX

MALE FEMALE

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

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

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

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

(All applicants must complete this part)

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

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Colby Jack Lewis

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

23C. DATE SIGNED

SIGN HERE IN INK ►

12-24-07

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY

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

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

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

24B. DATE SIGNED

(Example of information needed.)
***Application for Licensing and Certification Testing Fee
 Reimbursement***

First-Middle -Last Name of Applicant Leroy Walker Johnson	Social Security No.: 000-00-0029 VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address 2475 Banchory Road Winter Park, FL 32792	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 Barber Exam	Name and Address of Organization Issuing License Department of Business & Professional Regulation 1940 North Monroe St. Tallahassee, FL 32399-0785
Date Test Taken: 11-07-07	
Cost of Test: \$136.50	

I hereby authorize the release of my test information to the Department of Veterans Affairs.

Date Signed 10-10-07	Signature of Applicant (Do Not Print) <i>Leroy W. Johnson</i>
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Please return this form and a copy of your test results to the VA Office which handles

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
Word Meaning.....	
Main Idea and Detail.....	
Writer's Purpose.....	
Idea Relationships.....	
Critical Reasoning.....	
Study Skills.....	

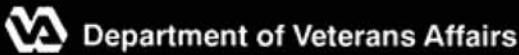
Subarea Name	Graphic Display
Mechanics Exercise.....	
Grammar and Usage.....	
Summary Exercise.....	
Composition Exercise.....	

Test: 09 Mathematics

Your Score:	Minimum Qualifying Score:	Status:
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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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APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Jasmine Green	2. CLAIM FILE NO. (Include prefix) 000-00-0011	3. INSURANCE FILE NO., OR LOAN NO. 132166981
--	--	--

4. I AM THE:

VETERAN VETERAN'S WIDOW/ER VETERAN'S CHILD VETERAN'S PARENT

OTHER (Specify)

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) 2476 Ranger Blvd. Sparta, GA 31087
A. HOME (Include Area Code) 404-312-1101	B. WORK (Include Area Code) N/A	

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY
ATLANTA, GA
4

7. IF I AM NOT THE VETERAN, MY NAME IS:
(Last Name, First Name, Middle Initial)

8. HEARING

IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.

Check one (and only one) of the following boxes:

A. I DO NOT WANT A BVA HEARING.

B. I WANT A BVA HEARING IN WASHINGTON, DC.

C. I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

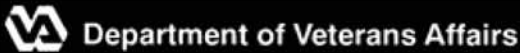
A. I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

B. I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES:
(List below.)

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL <i>Jasmine Green</i>	12. DATE 07-06-2007	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE
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APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Dmeroglu, Hansan	2. CLAIM FILE NO. (Include prefix) 000-00-0020	3. INSURANCE FILE NO., OR LOAN NO. 121106551
---	--	--

4. I AM THE:

VETERAN VETERAN'S WIDOW/ER VETERAN'S CHILD VETERAN'S PARENT

OTHER (Specify)

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code)
A. HOME (Include Area Code) 404-305-0411	B. WORK (Include Area Code) 404-305-0400	



7. IF I AM NOT THE VETERAN, MY NAME IS:
(Last Name, First Name, Middle Initial)
N/A

8. HEARING

IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.

Check one (and only one) of the following boxes:

A. I DO NOT WANT A BVA HEARING.

B. I WANT A BVA HEARING IN WASHINGTON, DC.

C. I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

A. I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

B. I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES:
(List below.)

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL Hasan Omeroglu	12. DATE 09-21-2007	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE
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