CHANGE OF PROGRAM/PLACE CHAPTER 35

http://vabenefits.vba.va.gov/vonapp/

Select NEW or RETURNING USER:

Veterans On-Line Application (VONAPP)

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

I Am a New VONAPP User

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

I Have Used VONAPP Before

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

READ THE NEXT TWO SCREENS AND CLICK CONTINUE THEN CREATE A VONAPP ACCOUNT

Yes, I'll Log-in Now

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

OR

No, Create a VONAPP Account

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

Create a User Name and Password:

Username: [ ]
Password: [ ]
Password Hint: [ ]
E-mail Address: [ ]
In CREATE A NEW FORM box, click the down arrow and Select Dependent Request for Change of Program or Place of Training (Form 22-5495).

Read the next two screens and Continue

Click Yes for the Privacy Statement:

Yes, I have read the explanation of the Privacy Act and respondent burden. OR No, I have not read the explanation of the Privacy Act and respondent burden.
Dependent Application for VA Education Benefits (Form 22-5490)
Choose from one of the options below and then click the red Continue button.

The options that appear below will vary depending on what tasks you have accomplished in VONAPP in the past, if any. New users entering their first claims will see only the option to create an empty new claim or exit VONAPP. Returning users will have additional options. See the Help items in the left margin for explanations of each option.

- Create an empty new claim application
- Exit VONAPP

Read the next two screens and Continue

Dependent Request for Change of Program or Place of Training (Form 22-5495)
Choose from one of the options below and then click the red Continue button.

The options that appear below will vary depending on what tasks you have accomplished in VONAPP in the past, if any. New users entering their first claims will see only the option to create an empty new claim or exit VONAPP. Returning users will have additional options. See the Help items in the left margin for explanations of each option.

- Create an empty new claim application
- Exit VONAPP

Read the next three pages and Continue

Complete and Continue these pages:

1. What is your name?
   - Salutation
   - First
   - Middle
   - Last
   - Suffix

2a. VA File Number
2b. Suffix Letter
2c. What is your Social Security Number?
2d. What is your sex? Male ☐ Female ☐
2e. What is your date of birth?
   - [month] / [day] / [year]
Qualifying Individual Information

3. Name of individual on whose account benefits are being claimed
   First  Middle  Last  Suffix

4a. Social Security Number or VA File Number of qualifying individual
   [ ]

4b. What is the Veteran’s Branch of Service?
   Standard [ ]
   Other [ ]

4c. What is the Veteran’s date of birth?
   month [ ] day [ ] year [ ]

4d. Is the veteran deceased or listed as MIA or POW?  ○ Yes   ○ No

4e. Is the qualifying individual currently on active duty?
   ○ Yes   ○ No

4f. What is your relationship to the Veteran or individual on active duty on whose account benefits are claimed?
   Relationship [ ]

4g. Do you or the qualifying individual on whose account you are claiming benefits have an outstanding felony and/or warrant?
   ○ Yes   ○ No
5. What is your mailing address?
Address

<table>
<thead>
<tr>
<th>Location</th>
<th>Domestic</th>
</tr>
</thead>
</table>

City | State
Zip | Zip Suffix

5a. Telephone Numbers (Include Area Code)
Primary: Secondary

5b. Are you interested in having your VA education benefits directly deposited into a checking or savings account?
○ Yes ○ No

6. Please provide the name, address and telephone number of someone who will always know where you can be reached

Name:
First | Last
Address:

| City | State | Zip |

Telephone Number:

Have you ever served on active duty in the Armed Forces?
○ Yes ○ No

7. If you are a Federal government employee, do you expect to receive benefits under the Government Employee’s Training Act for the same time you will receive VA education benefits?
○ Yes ○ No
8. What educational, professional, or vocational goal are you working toward? (Highest degree or occupation.)
   Other Goal

9. What's the name of the program you're requesting? (Specific degree, major, certificate, diploma.)

10. How will you take this training?
   - Chapter 35—Survivors' and Dependents’ Educational Assistance program (DEA)
     - College or Other School
     - Farm Cooperative
     - Licensing or Certification Tests
     - Apprenticeship or other On-the-Job Training
     - National Admission Exam or National Exam for Credit
     - Correspondence (Spouse or Surviving Spouse only)
   - Chapter 33—Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship)
     - Institution of Higher Learning
     - Licensing or Certification Tests

11. Please provide the name and address of your new school or training establishment.
   
   Address
   Location Domestic

   City
   State
   Zip Zip Suffix
12. Please provide the name and address of your old school or training establishment:

Address

Location

Domestic

City

State

Zip

Zip Suffix

13. When did you stop training at your prior school or establishment?

month / day / year

13a. Why did you stop training at your prior school or establishment?

☐ Withdrew
☐ Completed Term
☐ Graduated
☐ Completed Training Program
☐ Other

READ the next three pages and Continue.

SUBMIT FORM and PRINT PAPER FORM

Fax to Holmes’ Certifying Official, Sue Ellen Stubbs, at 662-472-9046 or scan and email to sstubbs@holmescc.edu

The phone number is 662-472-9034.
For VA to begin work on your application, you must give us answers to all questions we found with no entries or with errors. If you are uncertain about some of them, give us the best answers you can. You can use the "Remarks" section to tell us about any of your answers which you are not certain. Without answers to these, you cannot send your application to us on the Internet. You can suspend work on this application while you check the required information by clicking the Suspend button below.

7 errors were found
7 warnings were found

Updated 5-6-14