CHANGE OF PROGRAM/PLACE

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  OR  I Have Used VONAPP Before
(Please select this option if this is your first time using the VONAPP website.)
(Please select this option to Resume or Print a previous application.)

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

Yes, I'll Log-in Now  OR  No, Create a VONAPP Account
(Please select this option to log in with your existing DS Logon / eBenefits 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 Change Program/Place of Training Form 22-1995

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

Change Program/Place of Training (Form 22-1995)
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

Complete and Continue these pages:

1. VA File Number [ ]
2. Social Security Number [ ]
3. What is your name?
   Salutation [ ]
   First [ ]
   Middle [ ]
   Last [ ]
   Suffix [ ]

4. What is the mailing address of the applicant?
   Address [ ]
   Location: Domestic [ ]
   City [ ]
   State [ ]
   Zip [ ]
   Zip Suffix [ ]

5. What are your work (daytime) and home (evening) telephone numbers?
   Primary Phone [ ] Extension [ ] Secondary Phone [ ] Extension [ ]

6. 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

7. Are you interested in having your VA education benefits directly deposited into a checking or savings account? (Direct Deposit is not available for VEAP)
   ○ Yes  ○ No

Read the next screen and Continue.
Select Associates or Enter Certificate & Program

8. What educational, professional, or vocational goal are you working toward?
   - Coals
   - Associates
   - Other

9. What's the name of the program you're requesting?

10. How will you take this training?
    - School Attendance
    - Cooperative Training
    - Flight Training
    - Independent Study Distance Learning/Internet
    - Apprenticeship or On-The-Job Training
    - Correspondence

11. Name of your new school or training establishment
    
    Address Location Domestic
    
    City State
    
    Zip Zip Suffix
11b. Name of your **old** school or training establishment

Address

City

State

Zip

Zip Suffix

Location **Domestic**

12a. **When** did you stop training at your prior school or establishment?

- [ ] Month
- [ ] Day
- [ ] Year

12b. **Why** did you stop training at your prior school or establishment?

- [ ] Withdrew
- [ ] Completed Term
- [ ] Graduated
- [ ] Completed Training Program
- [ ] Other

**Read the next screen and Continue**

13. Are you receiving chapter 30 benefits (MGIB) and did you serve on active duty before January 2, 1978?

- [ ] Yes
- [ ] No

**Read the next screen and Continue**

17. Are you now on Active Duty?

- [ ] Yes
- [ ] No

**READ** the next three screens about printing and submitting your application 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

You can call her at 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