

# 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:**

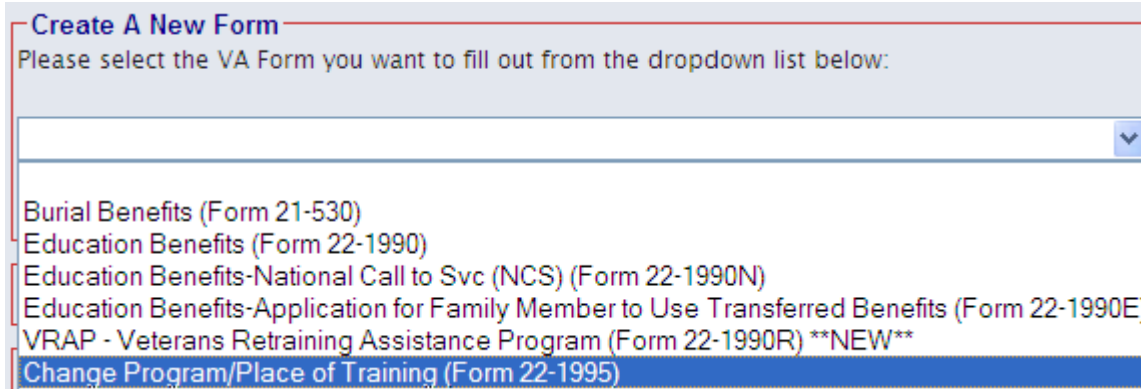
Username:

Password:

Password Hint:

E-mail Address:

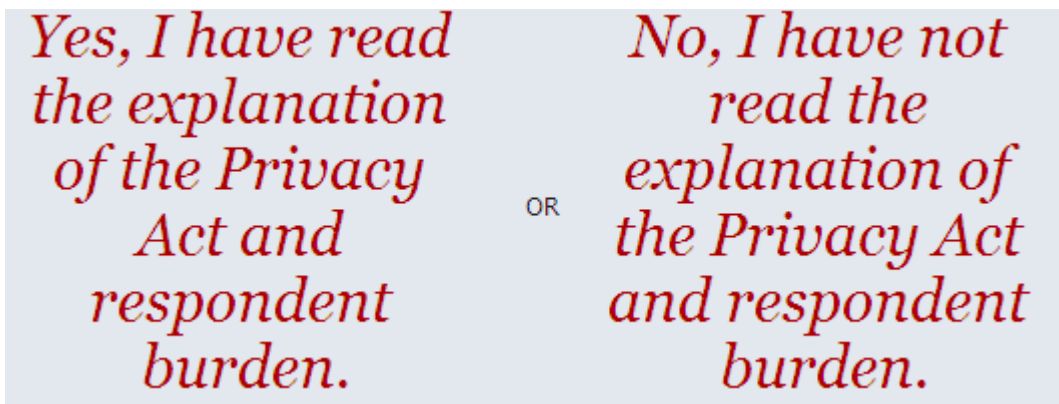
In **CREATE A NEW FORM** box, click the down arrow and Select **Change Program/Place of Training Form 22-1995**



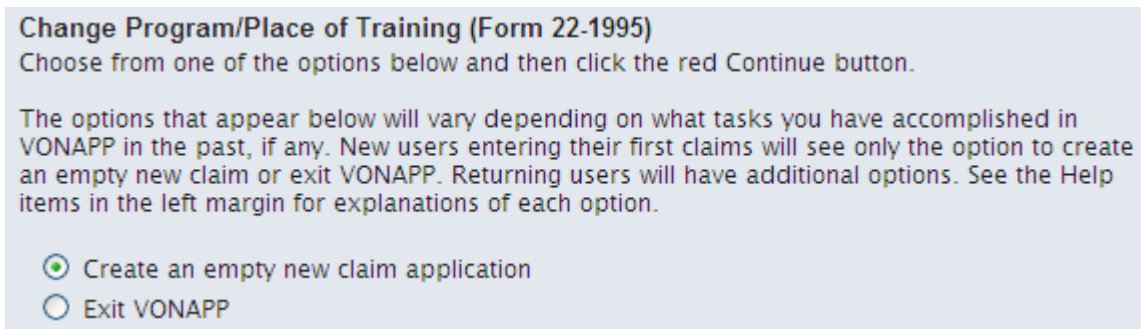
The screenshot shows a web interface titled "Create A New Form". Below the title is a prompt: "Please select the VA Form you want to fill out from the dropdown list below:". A dropdown menu is open, displaying a list of VA forms. The options are: "Burial Benefits (Form 21-530)", "Education Benefits (Form 22-1990)", "Education Benefits-National Call to Svc (NCS) (Form 22-1990N)", "Education Benefits-Application for Family Member to Use Transferred Benefits (Form 22-1990E)", "VRAP - Veterans Retraining Assistance Program (Form 22-1990R) \*\*NEW\*\*", and "Change Program/Place of Training (Form 22-1995)". The last option is highlighted in blue.

**Read** the next two screens and **Continue**

Click **Yes** for the Privacy Statement:



The image shows two columns of text in a red, italicized font. The left column reads: "Yes, I have read the explanation of the Privacy Act and respondent burden." The right column reads: "No, I have not read the explanation of the Privacy Act and respondent burden." Between the two columns is the word "OR" in a smaller, black font.



The screenshot shows a screen titled "Change Program/Place of Training (Form 22-1995)". Below the title is the instruction: "Choose from one of the options below and then click the red Continue button." Below this is a paragraph of text: "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." At the bottom, there are two radio button options: "Create an empty new claim application" (which is selected) and "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

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?  Yes  No

(Direct Deposit is not available for VEAP)

## Read the next screen and Continue.

## Select Associates or Enter Certificate & Program

8. What educational, professional, or vocational goal are you working toward?

Goals  


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  

  
  
    
City State  
 -   
Zip Zip Suffix

11b. Name of your old school or training establishment

Address Location Domestic

City State

 -   
Zip Zip Suffix

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

 /  /   
month day year

12b. Why did you stop training at you 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](mailto: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

[view errors/warnings](#)

[submit form](#)

[suspend form](#)

[delete form](#)

[print data summary](#)

[print paper form](#)

[print empty form](#)

Updated 5-6-14