### APPLICATION FOR WORK-STUDY ALLOWANCE

(38 U.S.C. Chapters 30, 31, 32 and 33; 10 U.S.C. Chapter 1606)

1. **NAME OF APPLICANT**
   - A. First
   - B. M.I.
   - C. Last

2. **MAILING ADDRESS**
   - A. Number and street or rural route
   - B. Apartment or box number
   - C. City or post office
   - D. State
   - E. Zip code or foreign mail code

3. **VA FILE NUMBER**
   - OR
   - **SOCIAL SECURITY NUMBER**

4. **SEX**
   - Male
   - Female

5. **DATE OF BIRTH**
   - MONTH
   - DAY
   - YEAR

6. **ADVANCE PAYMENT**
   - Do you want an advance payment?  YES  NO

   **NOTE:** If you receive an advance payment, you will not receive another payment until you have worked off the advance payment plus an additional 50 hours unless your contract calls for fewer hours.

7. **NAME AND ADDRESS OF YOUR SCHOOL**
8. **CURRENT EDUCATIONAL OR TRAINING PROGRAM**
9. **TELEPHONE NUMBER and Hours of the day VA can reach you (include area code)**

   Hours  AM  PM

10. **CURRENT ENROLLMENT PERIOD**
    - **BEGINNING DATE**
      - (Month, Day, Year)
    - **ENDING DATE**
      - (Month, Day, Year)

11. **NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND**
    - **BEGINNING DATE**
      - (Month, Day, Year)
    - **ENDING DATE**
      - (Month, Day, Year)

12. **WORK SITE PREFERENCE**
    - (Please tell us the school, VA facility or other Government facility where you would prefer to do VA-related work)

13. **DAYS AND HOURS DURING THE WEEK YOU WOULD BE AVAILABLE**

<table>
<thead>
<tr>
<th>DAYS</th>
<th>HOURS</th>
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<tbody>
<tr>
<td>MONDAY</td>
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<tr>
<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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14. **HAVE YOU EVER RECEIVED WORK-STUDY ALLOWANCE BEFORE? (If "YES," please tell us where you worked)**

15. **WORK EXPERIENCE**
    - (Tell us about the jobs you had before, other than VA work-study jobs)

16. **QUALIFICATIONS**
    - (Tell us about any special qualifications you have based on your education and work experience. We are interested in experience that would help you work for VA, such as experience in Automated Data Processing programs. Also tell us what kinds of jobs interest you.)

17. **SIGNATURE OF APPLICANT**
    - (Do not print)

18. **DATE SIGNED**

### PRIVACY ACT INFORMATION:
No benefits may be paid unless a completed application form has been received (38 U.S.C. 2149). The information requested on this form is necessary to determine your eligibility to the benefit for which you are applying. The responses which are submitted may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the-wiithen use identified in VA system of records, 56VA232/22 Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register.

### RESPONDENT BURDEN:
VA may not conduct or sponsor, and respondents are 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 10 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 1-800-382-1000 for mailing information on where to send your comments.
## Position/Job Description

**Name:**

**File Number:**

**Print Supervisor Name:**

**Work Site Name:**

**Address:**

**City:**

**State & Zip:**

**Telephone Number:**

**Email Address:**

**Description of Duties:** *(what duties will Work-study student perform to assist veterans?)*

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**Supervisor Signature:**

**Date:**

Email a completed Application (VA Form 22-8691) Return to WKSTRN.VBASTL@VA.GOV