

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*

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 **Dependent Request for Change of Program or Place of Training (Form 22-5495)**.

Create A New Form
Please select the VA Form you want to fill out from the dropdown list below:

- 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****
- Change Program/Place of Training (Form 22-1995)
- Dependent Application for VA Education Benefits (Form 22-5490)
- 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:

<i>Yes, I have read the explanation of the Privacy Act and respondent burden.</i>	OR	<i>No, I have not read the explanation of the Privacy Act and respondent burden.</i>
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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 Location Domestic ▼

▼

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

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

[view errors/warnings](#)

[submit form](#)

[suspend form](#)

[delete form](#)

[print data summary](#)

[print paper form](#)

[print empty form](#)

Updated 5-6-14