



Department of Veterans Affairs

APPLICATION FOR VETERANS RETRAINING ASSISTANCE PROGRAM (VRAP) (See attached Information and Instructions)

PART I - APPLICANT INFORMATION (Department of Labor)

NOTE: THE FOLLOWING INFORMATION IS TO BE COLLECTED BY THE DEPARTMENT OF LABOR (Items 1-6).

OMB Control No. 1205-0491 Respondent Burden: 5 minutes

1. DATE OF APPLICATION

2. NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)

3. DATE OF BIRTH

DEPARTMENT OF LABOR ELIGIBILITY INFORMATION

4. ARE YOU CURRENTLY UNEMPLOYED? (Check applicable box)

YES NO

5. HAVE YOU BEEN ENROLLED IN A FEDERAL OR STATE JOB TRAINING PROGRAM IN THE PAST 180 DAYS? (Check applicable box) (Examples of these programs include any training funded by a local career center, a One-Stop Career Center, or any state or local employment office)

YES NO

6. THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED FOR THE PURPOSES OF DETERMINING YOUR ELIGIBILITY TO RECEIVE RETRAINING ASSISTANCE BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS. THE INFORMATION MAY BE AUDITED FOR ACCURACY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING STATEMENT:

"I swear or affirm that the statements on this application, to the best of my knowledge are true and correct. I understand that by submitting this application, I am making a statement to the government for the purposes of obtaining federal benefits. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to knowingly and willfully make false or fraudulent statements to any department or agency of the United States Government. Additionally, I understand that if the information I have provided on this application is found to be false or incorrect, I will immediately be unable to receive benefits under this program, and I may be required to reimburse the federal government for any benefits I have already received."

Signature of Applicant Date Signed

RESPONDENT BURDEN: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection of information is required to obtain or retain the benefit (VOW to Hire Heroes Act of 2011, Pub. L. 112-56 Sec. 211). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, 200 Constitution Avenue, N. W., Room S-4209, Washington, DC 20210 (OMB Control Number 1205-0491).

PART II - APPLICANT INFORMATION (Department of Veterans Affairs)

NOTE: THE FOLLOWING INFORMATION IS TO BE COLLECTED BY THE DEPARTMENT OF VETERANS AFFAIRS (Items 7-24).

OMB Control No. 2900-0154 Respondent Burden: 10 minutes

7. SEX OF APPLICANT

MALE FEMALE

8. SOCIAL SECURITY NUMBER

9. ADDRESS OF APPLICANT (Provide number and street or rural route, city or P.O., State, ZIP Code and Country)

10. PRIMARY TELEPHONE NUMBER (Include Area Code)

11. SECONDARY TELEPHONE NUMBER (Include Area Code)

12. E-MAIL ADDRESS (If applicable)

13. DIRECT DEPOSIT INFORMATION:

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

Routing or Transit Number (nine digits found at the lower left corner of your check):

Account Type (Check one box): Checking Savings Account Number:

14. HAVE YOU EVER FILED A CLAIM WITH VA FOR EDUCATION BENEFITS? (Check)

YES NO

COURSE OF STUDY OR TRAINING

15. DO YOU KNOW THE NAME OR ADDRESS OF THE SCHOOL OR TRAINING ESTABLISHMENT YOU WANT TO ATTEND (Check)

YES NO (If "No," skip to Item 17)

16. SCHOOL NAME AND ADDRESS (Provide complete name and address including Street, City, State, ZIP Code and Country)

17. DATE YOUR TRAINING STARTED OR WILL START (Month, Day, Year)

18. COURSE OF STUDY TO ACHIEVE GOAL

19. HIGH DEMAND OCCUPATION (See Attachment A) (Identify the high demand occupation that your program of education will train you for)

MILITARY SERVICE INFORMATION

NOTE: It will help VA process your claim if you send a copy of your DD Form 214 (Member 4) for the last period of active duty service (excluding active duty for training)

20. ARE YOU NOW ON ACTIVE DUTY? (Check "No" if you are currently on drilling status in the Selected Reserve or if you are on active duty for training)

YES NO

21. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE? (Check)

YES NO

22. WHAT IS YOUR LAST PERIOD OF ACTIVE DUTY SERVICE?

Date Entered Active Duty _____ Date Separated from Active Duty _____

23. SERVICE COMPONENT (Check Branch of Service)

ARMY NAVY MARINE CORPS AIR FORCE

REMARKS

24. REMARKS (If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT my identified course of study will provide training towards my selected High Demand Occupation and all statements in my application are true and correct to the best of my knowledge and belief.
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

Signature of Applicant _____ Date Signed _____