



APPLICATION FOR WORK-STUDY ALLOWANCE

PART I - IDENTIFICATION INFORMATION

1. NAME OF APPLICANT (First, Middle, Last)	
2. MAILING ADDRESS OF APPLICANT (Number, and street or rural route, city or P.O., State and 9 digit ZIP Code) (Include your email address to receive electronic student payment letters)	3A. VA FILE NUMBER (For chapter 35, enter the veteran's file number. Be sure to include the suffix indicator. For dependent's transfer of entitlement cases, enter the file number of the person who transferred entitlement to you)
	3B. SOCIAL SECURITY NUMBER (If not shown in Item 3A)
3C. DATE OF BIRTH OF APPLICANT (Month, Day, Year)	3D. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. TELEPHONE NUMBERS (Include Area Code Home/Cell)	4A. EMAIL ADDRESS (If applicable)
5. EDUCATION BENEFIT RECEIVING	
<input type="checkbox"/> CHAPTER 30 (Montgomery GI Bill - Active Duty) <input type="checkbox"/> CHAPTER 31 (Veteran Readiness and Employment) <input type="checkbox"/> CHAPTER 32 (Veterans Educational Assistance Program)	<input type="checkbox"/> CHAPTER 33 (Post- 9/11 GI Bill)(Including Fry and STEM Scholarships) <input type="checkbox"/> CHAPTER 35 (Dependents Educational Assistance) <input type="checkbox"/> CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM (Parent or Spouse entitled to benefits)

PART II - SCHOOL INFORMATION

6A. NAME AND COMPLETE ADDRESS OF SCHOOL Rutgers University, New Brunswick NJ	6B. CURRENT ACADEMIC OR TRAINING PROGRAM		
7. CURRENT ENROLLMENT INFORMATION			
A. BEGINNING DATE (Month, Day, Year) 9/3/2024	B. ENDING DATE (Month, Day, Year) 12/24/2024	A. BEGINNING DATE (Month, Day, Year) 01/21/2025	B. ENDING DATE (Month, Day, Year) 5/15/2025
8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND			

PART III - WORK STUDY INFORMATION

9. ADVANCE PAYMENT - DO YOU WANT AN ADVANCE PAYMENT? (See instructions for information on advance payment on reverse under "How Much Can I Earn?") <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
10. HAVE YOU EVER PARTICIPATED IN THE VA WORK-STUDY PROGRAM BEFORE? (If "YES," please state where you worked) <input type="checkbox"/> YES <input type="checkbox"/> NO	11. WORK SITE PREFERENCE (Tell us the school, VA facility or other government facility where you would prefer to do VA related work. Be specific as many facilities have the same name or perform the same services in different locations or cities.) Rutgers Veteran House, 14 Lafayette St. New Brunswick, NJ																		
12. WORK EXPERIENCE (Tell us about the jobs you had before, other than VA work-study jobs. Please be as specific as possible. If you have no work experience, place "NONE" in this space. If needed, attach a separate sheet with your work-history)	13. SPECIFY THE DAYS AND HOURS DURING THE WEEK YOU ARE AVAILABLE TO WORK <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;">(X)</th> <th style="width: 35%;">DAYS</th> <th style="width: 60%;">WHEN AVAILABLE (From & To)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">MONDAY</td> <td> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">TUESDAY</td> <td> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">WEDNESDAY</td> <td> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">THURSDAY</td> <td> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">FRIDAY</td> <td> </td> </tr> </tbody> </table>	(X)	DAYS	WHEN AVAILABLE (From & To)		MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY	
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14. QUALIFICATIONS (Tell us about any special qualifications you have based on your education or work experience. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)																			
15. SIGNATURE OF APPLICANT (Sign in ink) (Do no print) By signing this box, I, the applicant, understand that I may not engage in VA Work Study duties until approved by VA.	16. DATE SIGNED																		

PRIVACY ACT INFORMATION: VA will not disclose information collected by this information collection to any source other than what has been authorized by the Privacy Act of 1974 or Title 38 Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA published in the Federal Register at http://www.rms.oit.va.gov/SOR_Records/58VA21_22.asp. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is "required to obtain or retain benefits". We cannot pay you any work-study benefits until we receive this information (38 U.S.C. 3485). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0209, and it expires 06/30/2027. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0209 in any correspondence. Do not send your completed VA Form 22-8691 to this email address.