



## Department of Veterans Affairs

## APPLICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE

|                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. NAME OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                            |                          | A. FIRST NAME                    |                                            | B. M.I.                                      | C. LAST NAME                                                                                                                     |                                  |
| 2. NAME OF VETERAN<br>(If other than applicant)                                                                                                                                                                                                                                                                                                                                                 |                          | A. FIRST NAME                    |                                            | B. M.I.                                      | C. LAST NAME                                                                                                                     |                                  |
| 3. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                              |                          |                                  |                                            |                                              | 4A. VA FILE NUMBER                                                                                                               |                                  |
| A. NUMBER AND STREET OR RURAL ROUTE                                                                                                                                                                                                                                                                                                                                                             |                          |                                  |                                            |                                              | OR                                                                                                                               |                                  |
| B. APARTMENT OR BOX NUMBER                                                                                                                                                                                                                                                                                                                                                                      |                          |                                  |                                            |                                              | 4B. PAYEE                                                                                                                        |                                  |
| C. CITY OR POST OFFICE                                                                                                                                                                                                                                                                                                                                                                          |                          |                                  |                                            |                                              | 4C. SOCIAL SECURITY NUMBER                                                                                                       |                                  |
| D. STATE                                                                                                                                                                                                                                                                                                                                                                                        |                          | E. ZIP CODE OR FOREIGN MAIL CODE |                                            | 5. SEX                                       |                                                                                                                                  | 6. DATE OF BIRTH                 |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            | <input type="checkbox"/> FEMALE              |                                                                                                                                  | MONTH DAY YEAR                   |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            | <input type="checkbox"/> MALE                |                                                                                                                                  |                                  |
| 7. NAME OF YOUR COURSE OR CURRICULUM                                                                                                                                                                                                                                                                                                                                                            |                          |                                  | 8. CREDIT OR CLOCK HOUR LOAD               |                                              | 9. FINAL EDUCATIONAL, PROFESSIONAL, OR VOCATIONAL GOAL                                                                           |                                  |
| 10. UNIT SUBJECT OR SUBJECTS IN WHICH YOU REQUIRE INDIVIDUALIZED TUTORING                                                                                                                                                                                                                                                                                                                       |                          |                                  |                                            |                                              | 11. NAME, POSITION AND ADDRESS OF TUTOR                                                                                          |                                  |
| 12. SCHEDULE AND CHARGES FOR TUTORIAL ASSISTANCE                                                                                                                                                                                                                                                                                                                                                |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| A. MONTH AND YEAR                                                                                                                                                                                                                                                                                                                                                                               |                          | B. EXACT DATES OF SESSIONS       |                                            | C. NUMBER OF HOURS OF INSTRUCTION THIS MONTH |                                                                                                                                  | D. CHARGE PER HOUR               |
| E. TOTAL CHARGES THIS MONTH                                                                                                                                                                                                                                                                                                                                                                     |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                 |                          | F. TOTAL PAYMENT DUE ▶           |                                            |                                              |                                                                                                                                  |                                  |
| 13A. SIGNATURE OF APPLICANT (Do NOT print)                                                                                                                                                                                                                                                                                                                                                      |                          |                                  |                                            | 13B. DATE SIGNED                             |                                                                                                                                  | 13C. E-MAIL ADDRESS OF APPLICANT |
| I CERTIFY THAT: (1) I gave the applicant individualized tutorial assistance as shown above; (2) the charges to the applicant shown above are correct; and (3) I am not a close relative (i.e., spouse, parent, child, brother, sister) of the applicant.                                                                                                                                        |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| 14A. SIGNATURE OF TUTOR (Do NOT print)                                                                                                                                                                                                                                                                                                                                                          |                          |                                  |                                            |                                              | 14B. DATE SIGNED                                                                                                                 |                                  |
| I CERTIFY THAT: (1) The individualized tutorial assistance for the unit subject or subjects shown was required for the satisfactory pursuit of the student's approved program; (2) the tutor is qualified to conduct individualized tutorial assistance; and (3) the charges do not exceed the customary charges for other students who receive the same tutorial assistance.                   |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| 15. NAME AND ADDRESS OF EDUCATIONAL INSTITUTION                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                              | 16. INDICATE TYPE OF SCHOOL                                                                                                      |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                              | <input type="checkbox"/> FOUR-YEAR COLLEGE <input type="checkbox"/> TWO-YEAR COLLEGE <input type="checkbox"/> OTHER THAN COLLEGE |                                  |
| 17A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                              | 17B. DATE SIGNED                                                                                                                 |                                  |
| <b>Additional Certification required to receive tutorial assistance under the Post-9/11 GI Bill (chapter 33)</b><br>I CERTIFY THAT: (1) Tutorial assistance benefits are essential to correct a deficiency of this student in the course and; (2) that the course is required as part of, or is prerequisite or indispensable to the satisfactory pursuit of, an approved program of education. |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| 18A. SIGNATURE OF PROFESSOR OR INSTRUCTOR                                                                                                                                                                                                                                                                                                                                                       |                          |                                  |                                            |                                              | 18B. DATE SIGNED                                                                                                                 |                                  |
| <b>PENALTY:</b> The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.                                                                                                                                                                                              |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| <b>FOR VA USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                          |                          |                                  |                                            |                                              |                                                                                                                                  |                                  |
| APPROVAL DATE                                                                                                                                                                                                                                                                                                                                                                                   | SIGNATURE OF ADJUDICATOR |                                  | SIGNATURE OF FINANCE OFFICER (or designee) |                                              | DATE                                                                                                                             | STATION NUMBER                   |

## INFORMATION AND INSTRUCTIONS

**GENERAL INFORMATION:** To apply for tutorial assistance read these instructions and complete the form in full. If you need help, reach us on the Internet at [www.GIBILL.va.gov](http://www.GIBILL.va.gov). You can call VA toll-free at 1-888-GIBILL1 (1-888-452-4551). If you are hearing impaired, call VA toll-free on 1-800-829-4833. To obtain information on other forms of assistance, contact the financial aid office at your school.

**ELIGIBILITY:** If you are eligible for education benefits and need help in a subject, you can get supplemental payments for tutorial assistance. The subject must be necessary for the completion of your approved program. You must be training at one-half time or more in a post-secondary program at an educational institution. Even if you are passing a course, you can get tutorial assistance if your grade will not be credited toward completion of your program.

**CLAIMS FOR TUTORIAL ASSISTANCE:** After you have received tutoring, do the following:

**Step 1. Fill out the form.**

- Complete Items 1 through 13.
- In Item 10, show the individual unit subject or subjects (e. g., Math 101) for which you needed tutoring.
- Be sure to complete all blocks A through F in Item 12. **If any block is not checked, your payment may be delayed.**

**Step 2. Take to your tutor.** The tutor must:

- Sign and date the application in Items 14A and 14B.
- Verify the information you provided.
- Certify that he or she is the person who gave you individualized tutoring, and is not closely related to you (i.e., spouse, parent, brother, sister or child).

**Step 3. Take to the certifying official for VA Benefits at the school.** The certifying official must:

- Complete Items 15 and 16.
- Sign in Items 17A and 17B.

**Step 4. Post-9/11 GI Bill.** If you are requesting tutorial assistance under the Post-9/11 GI Bill, take this form to the professor or instructor of the course for which tutoring was necessary. The teacher must:

- Sign 18A
- Complete 18B

**Step 5. Review the form.** After you have completed the form (see steps 1 through 4), send it to VA as soon as possible after your tutoring is complete. VA will not pay assistance for any tutoring received more than one year before the day VA actually receives your claim.

**EASTERN REGION**  
VA Regional Office  
PO Box 4616  
Buffalo, NY 14240-4616

|                 |    |    |
|-----------------|----|----|
| CT              | MA | PA |
| DE              | NH | RI |
| DC              | NJ | VT |
| ME              | NY | VA |
| MD              | OH | WV |
| Foreign Schools |    |    |

**CENTRAL REGION**  
VA Regional Office  
PO Box 66830  
St. Louis, MO 63166-6830

|    |    |    |
|----|----|----|
| CO | KY | NE |
| IA | MI | ND |
| IL | MN | SD |
| IN | MO | TN |
| KS | MT | WI |
|    |    | WY |

**WESTERN REGION**  
VA Regional Office  
PO Box 8888  
Muskogee, OK 74402-8888

|             |      |    |
|-------------|------|----|
| AK          | AL   | AR |
| AZ          | CA   | HI |
| ID          | LA   | MS |
| NM          | NV   | OK |
| OR          | TX   | UT |
| Philippines | Guam | WA |

**SOUTHERN REGION**  
VA Regional Office  
PO Box 100022  
Decatur, GA 30318-7022

|                   |    |    |
|-------------------|----|----|
| FL                | GA | NC |
| SC                | NC | PR |
| US Virgin Islands |    |    |

**Step 6. Where to Mail This Form.** Mail the completed form to the Regional Processing Office for the state where your school is located. See the chart above.

**PAYMENTS:** VA will pay up to \$100 per month for your tutorial assistance. The tutorial assistance you get will be in addition to your regular monthly education benefits for going to school.

**ENTITLEMENT:** The limit for tutorial assistance is \$1,200 (12 times the maximum monthly rate of \$100).

**Special provisions:**

1. If you are training under 38 U.S.C. Chapter 30 or 32, or under 10 U.S.C. Chapter 1606, or Section 903 of Public Law 96-342, VA will not charge entitlement for your first \$600 of tutorial assistance. For tutorial assistance over \$600, VA will charge one month of entitlement whenever you receive an amount equal to the full-time monthly rate you get for going to school.
2. If you are training under 38 U.S.C. Chapter 33 or 35, or the Omnibus Diplomatic Security and Antiterrorism Act of 1986, VA will not charge you any entitlement for tutorial assistance.

**PRIVACY ACT NOTICE:** 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. 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 education claims form 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 education benefits to any person training at your school until we receive this information (38 U.S.C. 3019, 3234, 3492, and 3533 and 10 U.S.C. (16131). Your responses are confidential (38 U.S.C. 5701. Any information provided by applicants, and others may be subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility to receive VA tutorial assistance, and the amount paid. Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, call 1-888-442-4551) to get information on where to send your comments or suggestions about this form.