



**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE EDITH NOURSE ROGERS STEM
SCHOLARSHIP
(VA FORM **XX-XXXXX**)**

Use this form to apply for the Edith Nourse Rogers STEM Scholarship only. Other benefits require different application forms that can be completed on-line and printed at www.va.gov/vaforms or can be obtained from the nearest VA regional office.

Important Information:

NOTE: The Edith Nourse Rogers STEM Scholarship is intended for those Veterans who have used all remaining Post-9/11 (Chapter 33) educational assistance or will use all remaining Post-9/11 (Chapter 33) educational assistance within 180 days of applying for this scholarship.

The VA or any other government agency may contact you to gather detailed information regarding the use of this scholarship, such as: program completion, employment information, annual earnings or any other information deemed necessary.

The numbers on the instructions of this attachment, match the item numbers on the application. Items not mentioned are self-explanatory.

PART I

Item 7b. Please indicate your Entrance on Duty (EOD) and anticipated Release from Duty (RAD)

PART II

CIP CODE- this code is found on our website at <https://benefits.va.gov/gibill/fgib/stem.asp>.

PART III. This section is found on the STEM website (<https://benefits.va.gov/gibill/fgib/stem.asp>) and is to be completed by your school Certifying Official and submitted via email to STEM.VBABUF@va.gov or mailed to the address below:

Please submit STEM application and any supporting documentation to:

VA Regional Processing Office
P.O. Box 4616
Buffalo, NY 14240

ADDITIONAL HELP: If you need more help in completing this application, call VA Toll Free at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our education internet site at www.gibill.va.gov and www.benefits.va.gov/VOW.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends 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 the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) 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. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to administer this benefit program. Public Law 112-56 allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this 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, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

APPLICATION FOR EDITH NOURSE ROGERS STEM SCHOLARSHIP

PART I - APPLICANT INFORMATION

IMPORTANT: Please type or print. Must be legible. :

1. First, Middle, Last Name		2. Social Security Number
3. Mailing Address Number, Street, Apt#. City, State, Zip code		
4. Date of Birth (MM/DD/YYYY)		
5. E-mail Address		
6. Telephone Number	7a. Are You Currently on Active Duty or Do You Anticipate You Will Go On Active Duty While Receiving the STEM Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes see 8b)	
	7b. If currently on Active Duty: EOD _____ Expected RAD _____	

8. 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): Routing Number: _____

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

PART II - COURSE OF STUDY

1. Are You Currently Enrolled In a Program of Education (Check One):

☐ That Leads to a Undergraduate Degree Requiring More Than 128 Semester (192 quarter) Credit Hours for Completion in a Standard, College Degree, Listed on Attachment A. *If Checked, complete below.*

Program Name _____

CIP Code (See instructions) _____

☐ Earned a Undergraduate Degree from a Program Listed on Attachment A **and** are Enrolled in a Program Leading to a Teaching certification.

2. Provide Name and complete address of school or training establishment you are planning to attend

3. Date You Plan to Start or Will Start Training (MM/DD/YYYY)

Certification Statement

THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE USED FOR THE PURPOSES OF DETERMINING YOUR ELIGIBILITY TO PARTICIPATE IN THE EDITH NOURSE ROGERS STEM SCHOLARSHIP 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."

1 SIGNATURE OF APPLICANT

2. DATE SIGNED