



Department of  
Veterans Affairs

Print

**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF  
TRAINING**

**1. VA FILE NUMBER**

BLANK

**2. SOCIAL SECURITY NUMBER**

596-26-7357

**3. FIRST-MIDDLE-LAST NAME OF APPLICANT**

David Alejandro OrtizFrau

**4a. HOME (Evening) TELEPHONE NO.**

(787) 507-1232

**4b. WORK (Daytime) PHONE NO.**

BLANK

**5. MAILING ADDRESS**

2010 CARR 64 APT 456  
VILLA CENTROAMERICANA  
MAYAGUEZ, PR 00682

**6. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO  
RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT  
FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS?**

BLANK

**7. DIRECT DEPOSIT**

Yes

**7a. DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT?**

Checking

**7b. NAME OF FINANCIAL INSTITUTION**

USAA

**7c. ACCOUNT NUMBER**

46130047

**7d. ROUTING NUMBER**

314074269

**8. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?**

Non-College Degree Certificate

**9. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING?**

Culinary Arts

VA FORM 22-1995

OrtizFrau, David Alejandro  
SSN: 596-26-7357

Conf.#: 546126  
Submission Date: Mar. 06, 2013

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**Department of  
Veterans Affairs****REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING****10. HOW WILL YOU TAKE THIS TRAINING?**

SCHOOL ATTENDANCE

**11a. Name and address of your new school or training establishment****New School Name** AUGUSTE ESCOFFIER SCHOOL OF CULINARY ARTS**School address** 637 S. BROADWAY, SUITE H; BOULDER, CO 80305**11b. Name and address of your old school or training establishment****Old School Name** ESCUELA HOTELERA DE SAN JUAN**Old School address** EDIFICIO ROCHELAIS CENTER #35; CALLE INGENIO,  
SUITE 101; MAYAGUEZ, PR 00682-1392**12. Tell us when and why you stopped training at your prior school or establishment****When Stopped Training** 02/25/2013**Why Stopped Training** Completed Term**13. ARE YOU RECEIVING CHAPTER 30 BENEFITS (MGIB) AND DID YOU SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978?**

No

**14a. ARE YOU CURRENTLY MARRIED?**

N/A

**14b. SPOUSE'S NAME**

N/A

**15. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM?**

N/A

**16. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?**

N/A

**17a. ARE YOU NOW ON ACTIVE DUTY?**

No

**18. GIVE DATE ACTIVE DUTY BEGAN**

N/A

**19. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?**

N/A

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**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

**PRIVACY ACT INFORMATION:** We'll use the information on this form to determine your continuing eligibility for educational benefits. We cannot take any action on your claim for benefits until we receive your completed form (38 U.S.C 3471) Your responses are confidential (38 U.S.C 5701) and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58 VA 21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The information you submitted may be verified through computer matching programs with other agencies for purpose of eligibility verification and debt collection.

**OMB Approved No. 2900-0074; Respondent Burden: 30 minutes  
Form Date: May 2002**

**CERTIFICATION AND SIGNATURE OF APPLICANT**

**I HEREBY CERTIFY THAT** all my statements on this form are true and complete to the best of my knowledge and belief.

**PENALTY:** Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and my result in forfeiture of these and other benefits, and in criminal penalties.

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**SIGNATURE OF APPLICANT**

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**DATE SIGNED****CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.

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**SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION  
SERVICE OFFICER**

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**DATE SIGNED****VA FORM 22-1995**

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