Print

## Department of Veterans Affairs 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?

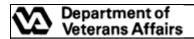
Culinary Arts

OrtizFrau, David Alejandro SSN: 596-26-7357 Conf.#: 546126

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## 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

ESCUELA HOTELERA DE SAN JUAN EDIFICIO ROCHELAIS CENTER #35; CALLE INGENIO, Old School address

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?

14a. ARE YOU CURRENTLY MARRIED?

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?

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?

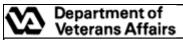
N/A

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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.

SIGNATURE O	F APPLICANT	DATI	E 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.

SIGNATURE,	TITLE,	AND	BRANCH	OF	SERVICE	OF	EDUCATION	DATE	SIGNED
SERVICE OF	FICER								

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