

Understanding VA Work Study

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Coordinator of Veterans Affairs
Rockland Community College
Best and Shared Practices for Supporting
Military-Affiliated Students Conference
November 2019



Learning Objectives

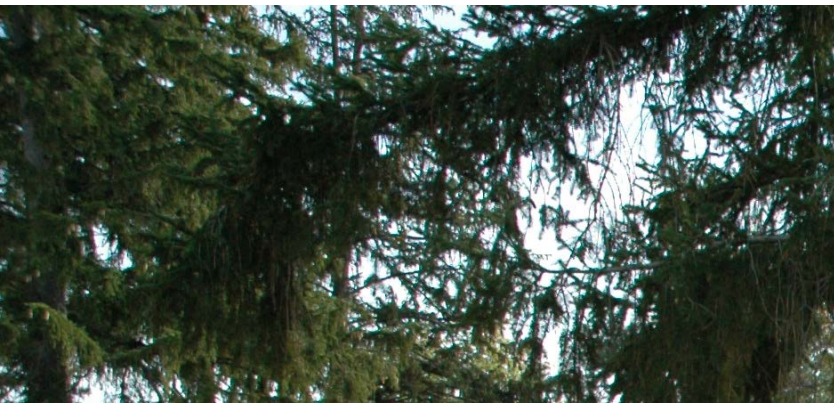
- Understand how programs can expand capacity through utilizing VA Work Study students
- Understand how to access and implement VA Work Study
- Recommendations on how other campuses integrate student workers into their program



What is VA Work Study

- You can get paid to work a part-time job while you are using GI Education benefits.
- The student veteran wins because they have tax-free employment
- The veteran organization hiring the veteran wins because they have no wage expenses
- The veteran receiving the service wins because they're receiving assistance AND from another veteran

VA Work Study is an absolute Win/Win/Win situation



The following criteria must be met in order to be approved for VA Work Study. A Veteran must

- Be enrolled at least three-quarter time in a college degree, vocational, or professional program, **and**
- Have found a job either at a nearby facility approved for VA work study, **and**
- Utilize an approved VA education benefits program to pay for your education or training


The following GI Education benefits are approved

- Chapter 30 - the Montgomery GI Bill
- Chapter 31 - Vocational Rehabilitation
- Chapter 33 - the Post 9/11 GI Bill for veterans
- Chapter 33 - the Post 9/11 GI Bill for family members using benefits transferred
- Chapter 35 – Survivors and Dependents Educational Assistance
- Chapter 1606 - the Montgomery GI Bill Selected Reserve/National Guard
- Veterans Educational Assistance (VEAP)
- National Call to Service

There's always a form to complete!!

The VA work study application is:

VA form 22-8691

|  Department of Veterans Affairs | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|----------------------------|--------------------------|--------|--|--------------------------|---------|--|--------------------------|-----------|--|--------------------------|----------|--|--------------------------|--------|--|
| 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) | 3A. VA FILE NUMBER (For chapter 33, 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 | | | | | | | | | | | | | | | | | | |
| 4A. TELEPHONE NUMBER (Include Area Code) | 4B. PLEASE PROVIDE THE HOURS THAT VA CAN REACH YOU DAYTIME EVENING | | | | | | | | | | | | | | | | | | |
| 5. EDUCATION BENEFIT RECEIVING <input type="checkbox"/> CHAPTER 30 (Montgomery GI Bill - Active Duty) <input type="checkbox"/> CHAPTER 33 (Post- 9/11 GI Bill) <input type="checkbox"/> CHAPTER 31 (Vocational Rehabilitation) <input type="checkbox"/> CHAPTER 35 (Dependents Educational Assistance) <input type="checkbox"/> CHAPTER 32 (Veterans Educational Assistance Program) <input type="checkbox"/> CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) <input type="checkbox"/> CHAPTER 1607 (Reserve Educational Assistance Program) <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM (Parent or Spouse entitled to benefits) | | | | | | | | | | | | | | | | | | | |
| PART II - SCHOOL INFORMATION | | | | | | | | | | | | | | | | | | | |
| 6A. NAME AND COMPLETE ADDRESS OF SCHOOL | | | | | | | | | | | | | | | | | | | |
| 6B. CURRENT ACADEMIC OR TRAINING PROGRAM | | | | | | | | | | | | | | | | | | | |
| 7. CURRENT ENROLLMENT INFORMATION | | | | | | | | | | | | | | | | | | | |
| A. BEGINNING DATE (Month, Day, Year) | B. ENDING DATE (Month, Day, Year) | | | | | | | | | | | | | | | | | | |
| 8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND | | | | | | | | | | | | | | | | | | | |
| A. BEGINNING DATE (Month, Day, Year) | B. ENDING DATE (Month, Day, Year) | | | | | | | | | | | | | | | | | | |
| 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 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.) | | | | | | | | | | | | | | | | | | |
| 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"> <thead> <tr> <th>(X)</th> <th>DAYS</th> <th>WHEN AVAILABLE (From & To)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>MONDAY</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>TUESDAY</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>WEDNESDAY</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>THURSDAY</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>FRIDAY</td> <td></td> </tr> </tbody> </table> | (X) | DAYS | WHEN AVAILABLE (From & To) | <input type="checkbox"/> | MONDAY | | <input type="checkbox"/> | TUESDAY | | <input type="checkbox"/> | WEDNESDAY | | <input type="checkbox"/> | THURSDAY | | <input type="checkbox"/> | FRIDAY | |
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| <input type="checkbox"/> | WEDNESDAY | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | THURSDAY | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | FRIDAY | | | | | | | | | | | | | | | | | | |
| 14. QUALIFICATIONS (Tell us about any special qualifications you have based on your education or work experience. Include any experience in information technology. 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) | 16. DATE SIGNED | | | | | | | | | | | | | | | | | | |

PRIVACY 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

PLEASE NOTE

- You must submit the enrollment certification BEFORE you submit the application for VA Work Study, otherwise it will be returned
- You must not submit the application for VA Work Study more than 45 days prior to the start of the semester, otherwise it will be returned
- The VA may permit the student veteran to start work up to 30 days prior to the start of the semester

PLEASE NOTE

- The VA may permit the student veteran to work during or in between enrollment periods
- You must submit the Work Study Contract and Work Study Time Record(s) via the Ask A Question portal: <http://gibill.custhelp.va.gov>
- You must submit the Time Record after each 50 hours of service
- To speak with VA Work Study, call 1.855.225.1159, press 2 (site supervisors only)

Develop work study opportunities for your students beyond your campus:

- VA facility
- State Veterans agency
- College, university, or other institution of higher learning in any Veteran-related role. (For example, you could help Veteran students with general questions about Veteran benefits, process documents for Veterans, or maintain and organize Veteran-related files.)
- Local Veterans Service Agency
- Non-VA Facility offering services exclusively to veterans (e.g. Rockland Homes for Heroes)

How to be approved as a VA Work Study Site

There's always a form to complete!!

Department of Veterans Affairs
Buffalo Regional Processing Office
130 S. Elmwood Ave.
Buffalo, NY 14202



Department of Veterans Affairs Work-Study Worksite Application

Worksite information (Please Print Clear)

| | | |
|-------------------|--------|------|
| Worksite Name: | | |
| Worksite Address: | | |
| City: | State: | Zip: |

Site Supervisor Information

| |
|----------------------------------------|
| Site Supervisor Name: |
| Supervisor Email: |
| Supervisor Number: |
| Supervisor Fax: |
| Secondary Supervisor Name (optional): |
| Secondary Supervisor Email (optional): |
| Secondary Supervisor Phone (optional): |

| | |
|------------------------------------------------------------------------------------------------------------------|--|
| If you are an education institution, how many students are in receipt of VA education benefits at your facility? | |
| How many Work-Study Students are you requesting? | |
| How many hours are you requesting each student to work? (Max 1300 per year per student) | |

Type of Facility

| | | | |
|--------------------|--|------------------------------|--|
| DOD Facility | | Educational Institution | |
| Domiciliary | | VA Facility (VHA, VBA) | |
| Non-VA facility | | State Approving Agency (SAA) | |
| Vet Success Center | | Other: _____ | |

Job Duties

| | |
|------------------------------------------------|-----|
| Example: Filing paperwork for Student Veterans | 7. |
| Example: Answering phone calls from Veterans | 8. |
| 1. | 9. |
| 2. | 10. |
| 3. | 11. |

Sample Job Description

- Assist Coordinator of Veterans Affairs in general office duties, (such as, outreach to other Veterans clubs and other Veterans organizations)
- Assist with processing of VA paperwork
- Assist with ongoing audit of VA files to ensure compliance
- Assist with VA Advisory Board with scheduling meetings and taking minutes
- Answering phone calls from veterans
- Assist with certification of student veterans
- Regular maintenance of Veterans lounge & supplies

PLEASE NOTE

- Make sure the student is trained to do the work
- Make sure the student doesn't work before or after the effective dates
- Initial all entries on the Time Record each day
- Ensure the student is supervised

Learning Objectives-Review

- Understand how programs can expand capacity through utilizing VA Work Study students
- Understand how to access and implement VA Work Study
- Recommendations on how other campuses integrate student workers into their program



Testimonials

“utilizing VA Work Study has had a transformative effect on the Veterans Service Agency, as we now have an office full of veterans assisting other veterans”

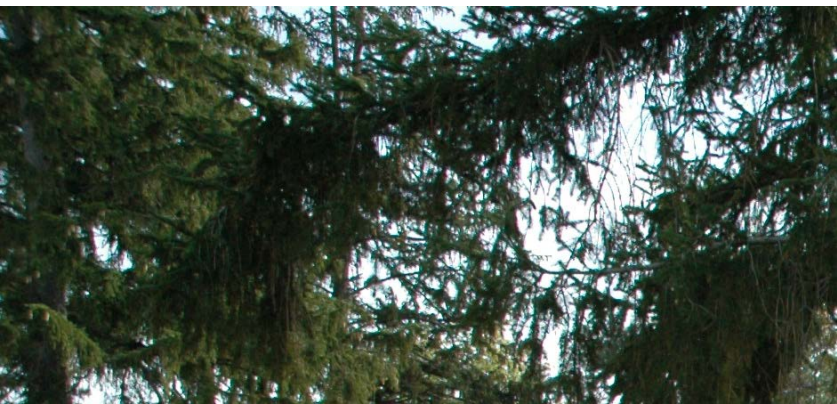
Captain Susan Branam, USA, Director of the Rockland County Veterans Service Agency



Contact Information



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The State University
of New York

My parents, Joseph P Barnwell and
B.Jackie Coates, both US Army in Europe, WWII.
My niece, 2ndLt Nicole R. SantaMaria, USMC.

