

Veteran Affairs Apprentices Educational Benefits

For more information regarding enrollment in the VA's educational benefit program, please review:

- <https://www.va.gov/education/how-to-apply/>
- <https://www.va.gov/find-forms/>

As an outline, completing the following forms are required for VA educational benefit enrollment:

Step 1:

- Application for Benefits: [VA Form 22-1990](#)

Step 2:

- JMAP to complete [VA Form 22-8864](#) and [VA Form 22-1999](#)
- Apprentice to sign

Step 3:

After your application has been approved, please include **in one email** the following for record keeping to remain VA complaint:

- VA form 22-6553d-1 (following page)
- Monthly pay stubs
- Confirm that OJL hours are approved in ApprentiScope

Thank you for your service and please reach out with any questions you may have!



Department of Veterans Affairs

MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

NAME AND FACILITY CODE OF TRAINING FACILITY Joint Michigan Apprentice Program 10125 W. Watergate Rd. Cadillac, MI 49601 Facility Code: 1-0-2104-22	TRAINEE'S NAME AND ADDRESS
--	----------------------------

VA FILE NUMBER (SS#):	PAYEE NUMBER
-----------------------	--------------

IMPORTANT: Read the instructions carefully. The employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. If you use the Telecommunications Device for the Deaf (TDD) call the Federal Relay number is 711.

INSTRUCTIONS TO CERTIFYING OFFICIAL

ITEMS 1 AND 2 - Enter the number of hours trained for each month/year shown (include any hours of related training given during working hours).

ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If trainee has attained the complete job skills for their job (a "journeyman" knowledge and skills), show this information in Item 5.

ITEMS 6A, 6B, AND 6C - Check the appropriate box. If trainee received a wage increase (or decrease) not in accordance with their training agreement, show the new wage rate and the effective date of that wage rate (when trainee first received this wage rate).

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning a change in the wage rate. Also, if the trainee is receiving additional educational allowance for dependents, use this item to report any change in the number of the trainee's dependents. Also use Item 7 if the trainee's conduct or progress is unsatisfactory.

ITEMS 8A and 8B - Certifying Official's printed name and date. Return form to VA office address indicated on the back of form. If you have any questions, call VA toll-free at 1-888-GI Bill (1-888-442-4551).

1. MONTH(S)/YEAR TO BE CERTIFIED	2. NUMBER OF HOURS TRAINED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1?	4. DATE TERMINATED <i>(Month, day, year)</i>
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 4 and 5)</i>	
		5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT?	6B. RATE
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 6B and 6C)</i>	6C. EFFECTIVE DATE

7. REMARKS
 Per monthly submissions for eligibility of VA benefits, **I have also sent my monthly pay stubs and timesheet** to the JMAP Administrative Coordinator to save.

APPRENTICE SIGNATURE: _____	DATE SIGNED: _____
-----------------------------	--------------------

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. PRINTED NAME AND TITLE OF CERTIFYING OFFICIAL	8B. DATE SIGNED
---	-----------------

9. SIGNATURE OF CERTIFYING OFFICIAL *(Sign in ink)*

PRIVACY ACT: 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 1.576 for routine uses (i.e., 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) VA obtains 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) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any education benefits until we receive the information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility to benefits under this program and, if applicable, the amount due. Title 38 United States Code allows us to ask for this information. We estimate that it will take 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 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 1-888-GI-BILL-1 (1-800-442-4551) to get information on where to send comments or suggestions about this form. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD).)

FILE NUMBER: