

**STATEMENT OF IRREVOCABLE ELECTION OF EDUCATIONAL ASSISTANCE BENEFITS
BASED ON QUALIFYING FOR EDUCATIONAL ASSISTANCE****PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C. Chapter 1607; 38 U.S.C. Chapter 30; and EO 9397 (SSN).**PRINCIPAL PURPOSE(S):** To record a member's selection of educational assistance program.**ROUTINE USE(S):** To the Department of Veterans Affairs to report payment information for members who participated in making contributions to the Reserve Educational Assistance Program (REAP).**DISCLOSURE:** Voluntary. However, failure to provide the requested information may preclude processing of the Reserve Educational Assistance Program eligibility documentation and could prevent participation in the selected program.**1. MEMBER'S INFORMATION****a. NAME** (*Last, First, Middle Initial*)**b. RANK****c. SSN****d. SERVICE****e. COMPONENT** (*National Guard or Reserve*)**f. CATEGORY** (*Reserve Affiliation*) (*X one*)☐ SELECTED
RESERVE☐ INDIVIDUAL READY
RESERVE (IRR)**2. STATEMENT OF ELECTION**

Based upon my continuous performance of active service from (YYYYMMDD) _____ to (YYYYMMDD) _____, am entitled to educational assistance under both Chapter 30 of Title 38, United States Code (U.S.C.), pertaining to the Montgomery G.I. Bill, and Chapter 1607 of Title 10, U.S.C., pertaining to Reserve Component members called or ordered to active service in support of contingency operations and for members of the Army or Air National Guard, certain national emergency response operations.

Fully understanding that I may not receive credit under both programs based on the same period of active service, and that I must make an IRREVOCABLE ELECTION as to which program of educational assistance such service is to be credited, I make the following election.

_____ (*Initial*) I want my qualifying active service indicated above to be credited toward the program of educational assistance established by Chapter 30 of Title 38, U.S.C., (Montgomery G.I. Bill - Active Duty) and understand that I MUST CONTRIBUTE \$1200.00 AND PROVIDE PROOF OF SUCH PAYMENT prior to this election being validated by my Service and before I can submit a claim to the Department of Veterans Affairs.

_____ (*Initial*) I want my active service indicated above to be credited toward the program of educational assistance established by Chapter 1607 of Title 10, U.S.C. I understand that there is no monetary contribution required on my part.

3. MEMBER**a. SIGNATURE****b. DATE** (YYYYMMDD)**4. AUTHORIZED SERVICE POINT OF CONTACT****a. NAME** (*Last, First, Middle Initial*)**b. SIGNATURE****c. DATE** (YYYYMMDD)