OMB Approved No. 2900-0209 Respondent Burden: 15 minutes Expiration Date: 04/30/2024

APPLICATION FO				CE		
PART I - IDE  1. NAME OF APPLICANT (First, Middle, Last)	ENTIFICAT	ION INFORM	MATION			
-					<u> </u>	
PRIVACY ACT INFORMATION: VA will not disclose information collecter	d by this informa	ation collection to	any source other th	an what has bee	en authorized by the	Privacy Act of 197
PRIVACY ACT INFORMATION: VA will not disclose information collected Title 38 Code of Federal Regulations 1.576 for routine uses as identified in Records - VA as published in the Federal Registertat/www.rms.oit.va.gov/s	i va's system of SOR_Records/5	records, 58 VA 2 <sup>2</sup> 58VA21_22.asp	1/22/28, Compensa	τιοη, Pension, E	caucation and Veter	an Keadiness and I

## STUDENT WORK-STUDY ALLOWANCE PROGRAM

Your hourly pay rate will be the greater of:

- (1) The Federal minimum wage; or
- (2) The minimum wage for the State in which you are working.

The total number of hours you can work cannot be more than 25 times the number of

Veterans Benefits Administration HOW DO I APPLY?