



Peer Advisor Application

Contact Information

Name	
Address	
Primary Phone	
Primary E-Mail Address	

Education

What is your current year in school?

Freshman Sophomore Junior Senior Graduate Student

Major _____ Minor _____ Current GPA _____

Military Experience

Are you currently serving? Yes No Branch of Service _____

Have you been deployed? Yes No Branch of Service _____

List the locations of your deployments:

Enlistment Date _____ Discharge Date _____ Rank at Discharge _____

Were you separated from service with a dishonorable or bad conduct discharge? Yes No

Current Employment

Company	
Job Title	
Responsibilities	



Special Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies, languages, special interests or sports.

Interest in Being a Peer Advisor

Explain why you would be a good Peer Advisor.

Background Information

Have you ever been convicted of a felony, or a misdemeanor involving any violent act or act of dishonesty? Yes No

If yes, please briefly describe the nature of the crime(s), the date and place of conviction, and the legal disposition of the case:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please email this form to apitone@palomar.edu

Thank you for completing this application form and for your interest in the PAVE Program.



APPLICATION FOR WORK-STUDY ALLOWANCE

PART I - IDENTIFICATION INFORMATION

1. NAME OF APPLICANT <i>(First, Middle, Last)</i>	
2. MAILING ADDRESS OF APPLICANT <i>(Number, and street or rural route, city or P.O., State and 9 digit ZIP Code) (Include your email address to receive electronic student payment letters)</i>	3A. VA FILE NUMBER <i>(For chapter 35, 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)</i>
3B. SOCIAL SECURITY NUMBER <i>(If not shown in Item 3A)</i>	
3D. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3C. DATE OF BIRTH OF APPLICANT <i>(Month, Day, Year)</i>	4A. EMAIL ADDRESS <i>(If applicable)</i>
4. TELEPHONE NUMBERS <i>(Include Area Code Home/Cell)</i>	
5. EDUCATION BENEFIT RECEIVING <input type="checkbox"/> CHAPTER 30 <i>(Montgomery GI Bill - Active Duty)</i> <input type="checkbox"/> CHAPTER 31 <i>(Veteran Readiness and Employment)</i> <input type="checkbox"/> CHAPTER 32 <i>(Veterans Educational Assistance Program)</i> <input type="checkbox"/> CHAPTER 33 <i>(Post- 9/11 GI Bill)(Including Fry and STEM Scholarships)</i> <input type="checkbox"/> CHAPTER 35 <i>(Dependents Educational Assistance)</i> <input type="checkbox"/> CHAPTER 1606 <i>(Montgomery GI Bill - Selected Reserve)</i> <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM <i>(Parent or Spouse entitled to benefits)</i>	

PART II - SCHOOL INFORMATION

6A. NAME AND COMPLETE ADDRESS OF SCHOOL		6B. CURRENT ACADEMIC OR TRAINING PROGRAM	
7. CURRENT ENROLLMENT INFORMATION		8. NEXT ENROLLMENT PERIOD YOU PLAN TO ATTEND	
A. BEGINNING DATE <i>(Month, Day, Year)</i>	B. ENDING DATE <i>(Month, Day, Year)</i>	A. BEGINNING DATE <i>(Month, Day, Year)</i>	B. ENDING DATE <i>(Month, Day, Year)</i>

PART III - WORK STUDY INFORMATION

9. ADVANCE PAYMENT - DO YOU WANT AN ADVANCE PAYMENT? <i>(See instructions for information on advance payment on reverse under "How Much Can I Earn?")</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. HAVE YOU EVER PARTICIPATED IN THE VA WORK-STUDY PROGRAM BEFORE? <i>(If "YES," please state where you worked)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		11. WORK SITE PREFERENCE <i>(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.)</i>	
12. WORK EXPERIENCE <i>(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)</i>		13. SPECIFY THE DAYS AND HOURS DURING THE WEEK YOU ARE AVAILABLE TO WORK	
		(X)	DAYS
			WHEN AVAILABLE (From & To)
			MONDAY
			TUESDAY
			WEDNESDAY
			THURSDAY
			FRIDAY
14. QUALIFICATIONS <i>(Tell us about any special qualifications you have based on your education or work experience. Also, tell us what kinds of jobs interest you. If needed, attach a separate sheet with this information)</i>			
15. SIGNATURE OF APPLICANT <i>(Sign in ink)(Do no print) By signing this box, I, the applicant, understand that I may not engage in VA Work Study duties until approved by VA.</i>			16. DATE SIGNED

PRIVACY ACT 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 Title 38 Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA published in the Federal Register at http://www.rms.oit.va.gov/SOR_Records/58VA21_22.asp. An example of a routine use allows VA to send 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) for VA to obtain 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. Your obligation to respond is "required to obtain or retain benefits". We cannot pay you any work-study benefits until we receive this information (38 U.S.C. 3485). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for VA work-study benefits. Title 38 United States Code allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the 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 www.reginfo.gov/public/do/PRASearch. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this information collection.