

NATIONAL UNIVERSITY

2009-2010

Financial Aid Office
11355 North Torrey Pines Road
La Jolla, CA 92037-1011
(858) 642-8500

MILITARY ALLOWANCE INCOME VERIFICATION

Name _____

Student ID _____

Federal and state regulations relative to student financial aid, mandate coordination and verification of all family financial resources. The information provided below will be used only to determine the applicants financial aid eligibility. The data will be kept confidential by the campus pursuant to Sections 67-100-67147 of California Education Code and the 1974 Family Education Rights and privacy Act.

Section I -

To be completed by the person receiving the allowances (student, spouse, or parent) before submitting to the Financial Aid office:

Recipient's Name _____ Phone Number () _____

Date of Entry _____ Military Branch _____ Grade in 2008 _____

Zip Code of location in 2008 _____ Did benefits include dependents in 2008: YES / NO

Recipient's Signature _____ Date _____

Section II -

Date benefits began _____ / _____ / _____
Month Day Year

Total 2008
1/1/08 - 12/31/08

<u>Type of Benefit</u>	<u>Actual \$ Amount</u>	or	<u>Cash Value of Allowances</u>
BAH	_____		_____
BAS	_____		_____
Clothing Allowances	_____		_____
Other	_____		_____

I am unable to get the information, please use the military pay chart.

Please note: Military pay chart will be used if form is returned incomplete.

Student Signature _____

Date _____