

NATIONAL UNIVERSITY

2010-2011

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 2009 _____

Zip Code in 2010 _____

Recipient's Signature _____ Date _____

Section II -

Date benefits began _____ / _____ / _____
Month Day Year

Total 2009
1/1/09 - 12/31/09

Type of Benefit Actual \$ Amount or Cash Value of Allowances

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