FINANCIAL AID OFFICE 2016-17



Military Information Form

This form is to verify non-taxable military allowances for an independent student (and/or their spouse), or for the parent of a dependent student who is/was on active military duty from January 1, 2015 to December 30, 2015. Complete this form and submit to the Financial Aid Office on the campus the student will be attending.

Note: If amounts reported seem unusually low, you may be required to submit additional verification of what was reported.

Please TYPE or PRINT legibly.

Student Name:		UH ID#:		
Phone Number:	Date of Birth:			
1. The following information applies to: Applicant	Spouse	Father	Mother	
2. Initial date of military service in Hawai'i: (month/year)		3. I	Pay grade:	
4. Indicate the ANNUAL amount received for each of the follow 12/31/2015. Respond to all items with a dollar amount or indicated as it is the second of the following the non-taxable income and the second of the	information, re	nere applicable ofer to the milit	e. Do not leave any item blank. tary member's Leave Earnings	
NON-TAXABLE INCOME			2015 Calendar Year (Annual Total)	
a. Cost of Living Allowance (COLA)			\$	
b. Basic Allowance for Subsistence (BAS)			\$	
c. Clothing Maintenance Allowance (CMA)			\$	
d. Other:			\$	
e. TOTAL NON-TAXABLE MILITARY ALLOWANCE (the sum of lines 4a – 4d should be reported on line 45g or		AFSA)	\$	
I (We) certify that the information provided is true and correct t false statement or misrepresentation may be a cause for the deni				
Student signature:			Date:	
Parent (if dependent) signature:			Date:	

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

Community College Kapi'olani Community College Leeward Community College Windward Community College Address 4303 Diamond Head Road * Honolulu, HI 96816 96-045 Ala 'Ike Street * Pearl City, HI 96782 45-720 Kea'ahala Road * Kāne'ohe, HI 96744 Email
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