

All questions on this form are required to process your financial aid.

Student Name: For Official Use Only:
Last First MI

ctcLink ID Number:

The following information applies to whom (Check One)? ☐ Student/Spouse: ☐ Parent/Guardian:

What was your highest pay grade in 2020?

Date you were transferred to Washington State?

If you were not living in Washington State during 2020, list Zip Code for the state you lived.

Did you live in Military Housing in 2020 (Check One): ☐ NO ☐ YES

Please indicate below the monthly amount of military benefits you or your family received each month in 2020. Do NOT leave any item blank (indicate -0- for items that do not apply). If you require assistance in completing the information below, please contact your military Finance Office.

2020 Calendar Year		BAS or Rations	COLA	Clothing Allowance	Other Untaxed Income
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
COLUMN TOTALS:					

Total 2020 Military Benefits and Allowances (total of all)

columns): Student Sig Date:

Received	Scanned	Posted
 	 	<div>Code: 80</div> <div> </div>

Form last updated: MAR21FM