OLYMPIC COLLEGE

(80) UNTAXED MILITARY BENEFITS WORKSHEET 2020-2021

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

Student Name: _____ (Last / First / MI)

For Official Use Only: _____

ctcLink ID Number: _____

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

What was your highest pay grade in 2018?

Date you were transferred to Washington State?

If you were not living in Washington State during 2018, list Zip Code for the state you resided in?

Did you live in Military Housing in 2018 (Check One): **YES** ◯ **NO** ◯

Please indicate below the monthly amount of military benefits you or your family received each month in 2018. 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.

2018 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 2018 Military Benefits and Allowances (total of all columns): _____

Student Signature: _____ **Date:** _____

Received	Scanned	Posted
		Code: 80

Form last updated:Jan2019HT