UNIVERSITY of HAWAI'I
KAPI'OLANI COMMUNITY COLLEGE

Kekaulike Information and Service Center
Financial Aid Section

2009-10 Military Information Form

Student's Name: _____SSN/ID #/UH User Name: _____

This form is used to verify non-taxable military allowances for an independent student (and/or spouse) or for the parent(s) of a dependent student who was/is on active military duty**. Please attach the December 2008 Leave and Earnings Statement (LES) to this form.**

The following information applies to (check): ☐ Student ☐ Spouse ☐ Father ☐ Mother

1. What was your 2008 pay grade?_____ What is your current pay grade? _____
   Effective date of current pay grade _____.
2. Base/zip code you are/were living in year 2008:_____.
3. Did you live in military housing in 2008? _____ Yes _____ No

Indicate below the **yearly** (for the 12-month period 01/01/2008 – 12/31/2008) amount of military benefits you received in 2008. **Do not leave any item blank** (fill in '0' or 'N/A' for items that do not apply). If you require assistance in completing the information below, please utilize your December 2008 Leave and Earnings Statement, refer to the Department of Defense website at: https://mypay.dfas.mil/mypay.aspx or contact your military Paymaster's Office. We will verify your information with the Department of Defense Finance and Accounting Services 2008 BAH chart.

TYPE OF MILITARY BENEFIT	**2008 BENEFIT AMOUNT (LIST YEARLY AMOUNTS)**
a. Cost of Living Allowance (COLA)	_____
b. Subsistence Allowance (BAS)	_____
c. Basic Allowance for Housing/Quarters (BAH, BAQ, VHA, etc) *(*If you answered **"yes"** to item 3 above you must enter the amount you would have received if you lived off base.)*	_____
d. Clothing Allowance (CMA)	_____
e. Family Separation Allowance (FSA)	_____
f. Other _____	_____
Total Military Benefits (To be included on question #47g or #95g of FAFSA)	_____

I certify that the information provided is true and correct to the best of my knowledge. I understand that any false statement or misrepresentation may be a cause for denial, reduction, or repayment of financial aid.

_____ _____
Signature Date
(Only the person receiving military benefits need sign this form)

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