



Hawaii Pacific University 2016 – 2017 Military Benefits Form

Name: _____

Student ID Number: @ _____

Email: _____

Phone Number: _____

Please *read and hand-initial* the following:

_____ Students enrolled in any courses less than the full 15-week semester may not receive their full aid until later in the term, and may be subject to reduction or repayment of aid for courses in which they registered but did not complete. **Students will not receive their full disbursement until beginning attendance in all courses for which they are awarded.*** Call the Financial Aid Office for details on your specific situation.

_____ Institutional scholarship funds may be adjusted for students who are eligible for discounted tuition rates.

_____ **MIL, AIR, certificate** and **repeat** coursework will not be included in financial aid enrollment calculations.

_____ **The deadline to process federal aid is three (3) weeks prior to the end of the term for which the student is enrolled.** Students who do not have their financial aid documents in order, award processed, or federal loans certified may lose their eligibility for aid in the current term.

_____ Refunds will **not** be issued in advance of VA/TA benefit payments. Refunds will be issued only after all charges have been cleared and excess funds appear on the account. (No “blue forms” will be available.)

_____ All students will be awarded financial aid based on **full-time** attendance; which is 12 semester credits for undergraduates and 9 semester credits for graduate students. Enrollment at less than full-time credit levels may require a reduction or adjustment of your financial aid award.

* **Important note:** Students enrolled in eight week courses may not receive full disbursement of their financial aid until they begin full-time enrollment. Ex. If you are in 6 credits in Fall A, and 6 credits in Fall B, this student will not be paid their full disbursement until they begin the 6 Fall B credits.

By signing below, you the student, acknowledge that you have read, understand, and the information provided above.

Name: _____

Student ID Number: @ _____

SECTION A: 2016-2017 Military Benefits Information

The Financial Aid Office is required to verify military benefit amounts for all military affiliated students.

If you or a FAFSA family member is affiliated with the military (active duty, veteran, DoD employee, etc.) and received any **BAS (rations) or COLA benefits in 2015**, please list those amounts below. Please write '0' or 'n/a' in the space provided if you did not receive those benefits:

1. **Annual BAS received in 2015** \$ _____
2. **Annual COLA received in 2015** \$ _____
3. **BAH eligible (circle one)** : Yes or No (Answer "Yes" if you are living in housing located on a military base or housing for which you receive a military housing allowance, or BAH)

For BAS or COLA amounts: Enlisted members of the military and veterans can call the Defense Finance and Accounting Service (DFAS) at 1-888-332-7411 or My Pay at 1-800-538-9043.

SECTION B: 2016-2017 Anticipated Resources

The Financial Aid Office must consider your resources (i.e. grants, scholarships, tuition waivers, tuition assistance, contract payments, vocational rehabilitation benefits) when determining your eligibility for federal aid.

Please note that if resources are not reported before an award is calculated we may be required to adjust your financial aid package and you may be required to return funds. If in the future there are changes to the amounts reported below, please e-mail the Financial Aid Office at financialaid@hpu.edu to request an adjustment.

Please list below any resources you anticipate receiving for the 2016-2017 school year. Please write '0' or 'n/a' in the space provided if you will not receive any resources.

Semester	Resource	Anticipated Amount
Fall:	_____	\$ _____
	_____	\$ _____
Spring:	_____	\$ _____
	_____	\$ _____

I certify all information on this form is true and complete of the best of my knowledge. If requested, I agree to provide documentation to verify information on this form.

Student Signature (hand-signed): _____ Date: _____