2015-2016 BAS VERIFICATION

For Active Duty Personnel

IF INFORMATION IS LEFT UNANSWERED, FORM WILL BE CONSIDERED INCOMPLETE

FIRST NAME:	LAST NAME:	STUDENT ID:
		C
Were you or your spous	e (parent) active duty mili	tary during 2014?
☐ Yes	c (parent, active dat)	,
□ No		
2. Are you or your spouse (p		
☐ Enlisted member		
☐ Officer		
3. How many months in 201	.4 were you or your spous	e (parent) active duty?
A calculation of BAS received duri	ing 2014 will be performed	d based on the information provided above as well as the
following information:	до рожения	
-		
2014 BAS Rates		
Category		Monthly Allowance
Enlisted Members		\$357.55
Officers		\$246.24
Please understand your 2014 BAS	will be figured using the s	standard allowance X the number months of active duty
		of another amount). If the above information was not
	Application for Federal St	cudent Aid a correction will be sent to the Federal Processing
Center.		
I the undersigned becaling	uladga I baya raad undar	stand and sive the CCC Financial Aid Office authorization to
•	- ·	stand, and give the CCC Financial Aid Office authorization to
correct my 2015-2016 application	nor rederal student ald, ij	necessary.
Student Signature		te
Parent Signature	Da	te
For Office Use Only:		
BAS:		
FA Initials: Date:		