2016-2017
Parent Veterans Non-Education Benefits

Please Use Black or Blue Ink

OSU Banner ID
("A" plus 8 digits)

Student Name:

A

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the parent information on the 2016-2017 Free Application for Federal Student Aid (FAFSA). We cannot determine aid eligibility or disburse funds until all requested documents are received and reviewed. In some cases, we must submit changes in information to the U.S. Department of Education (FAFSA processor); at that time, the student will receive communication from our office as well as a Student Aid Report from the FAFSA processor.

Do not leave an answer blank. If the response is zero, check the “none” box.

<table>
<thead>
<tr>
<th>Calendar Year 2015</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td>Veteran's non-education benefits, such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.</td>
<td>$__________/yr</td>
</tr>
</tbody>
</table>

Certification/Signature:
By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent’s Signature (electronic signature not acceptable) __________________________ Date ____________

Printed Name of Parent Who Signed Above __________________________ Street Address __________________________ City __________________________ State ____________ Zip ____________

Please return to:
Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061
Email: finaid@okstate.edu
Phone: (405) 744-6604
http://financialaid.okstate.edu
FAX#: (405) 744-6438
(If you fax this form, please don’t mail it)