



**2018-2019  
Parent Veterans Non-Education Benefits**

**PVN19**

*Please Use Black or Blue Ink*

OSU Banner ID (“A” plus 8 digits)							
<b>A</b>							

Student Name: \_\_\_\_\_

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the parent information on the 2018-2019 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.**

Calendar Year 2016	Parent(s)	
	Amount	None
<b>Veteran’s non-education benefits</b> , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____ /yr	<input type="checkbox"/>

**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

**Return to:**

Office of Scholarships and Financial Aid  
119 Student Union, Stillwater, OK 74078-5061  
**Fax: (405) 744-6438** *(if you fax, please do not mail the form)*

**Questions?**

Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)  
Phone: (405) 744-6604  
Web: [financialaid.okstate.edu](http://financialaid.okstate.edu)