



**2018-2019
Student/Spouse Combat Pay or
Special Combat Pay**

SCP19

Please Use Black or Blue Ink

OSU Banner ID ("A" plus 8 digits)							
A							

Student Name: _____

The OSU Office of Scholarships and Financial Aid must, by federal regulations, verify the information on the 2018-2019 Free Application for Federal Student Aid (FAFSA). Please provide the information requested below for you (and your spouse, if you are married).

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, you 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	Student/Spouse	
	Amount	None
Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. <i>Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).</i>	\$ _____ /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.**

Student's Signature *(electronic signature not acceptable)*

Date

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
Phone: (405) 744-6604
Web: financialaid.okstate.edu

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