

Date

→ Click <u>here</u> if you'd like to complete this form electronically using DocuSign. ←

Name:	ID#:	
On your FA	FSA application, you indicated you are either:	
• Serv	• Serving on active duty in the U.S. Armed Forces for purposes other than training, or	
• A ve	eteran of the U.S. Armed Forces	
ACTIVE D Please confi	UTY rm your active duty status by providing the following information:	
Date	of activation (for purposes other than training):	(mm/yy)
Curr	ent duty station:	
City	/State/Country:	
Bran	ich:	
Expe	ected separation date: (mm/yy)	

NOTE: National Guard or Reserves enlistees who are on active duty for state or training purposes should respond NO to this question – please log in to your FAFSA (<u>www.fafsa.gov</u>) to make corrections.

VETERAN

Please confirm your veteran status by providing a copy of your DD 214 (Member 4 Form), which shows character of discharge.

Signature _____

Student or Power of Attorney* signature

* If signing as Power of Attorney on behalf of the student, also submit a copy of the Power of Attorney documentation.

Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265 Phone: 309-796-5400 Fax: 309-796-5447 Email: <u>finaid@bhc.edu</u>

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.