## **Southwestern College**



## **Financial Aid Office**

## 2017-2018 Basic Allowance for Subsistence (BAS) Form

Last Name		First Name	MI	SWC ID No	SWC ID Number	
meals. The	amount of pay va ay. Please indicat	ries by the mem	ber's rank as well	ery military service member to def as other factors and is included y), or your parent(s) were in the	as part of a service-	
□ <b>Yes</b> , one of the following in my household received BAS in 2015 as indicated below.						
Student	☐ Enlisted (\$367.92	2/month) for	months in 2015	□ Officer (\$253.38/month) for	months in 2015	
Spouse	☐ Enlisted (\$367.92	2/month) for	months in 2015	□ Officer (\$253.38/month) for	months in 2015	
Parent	☐ Enlisted (\$367.92	2/month) for	months in 2015	□ Officer (\$253.38/month) for	months in 2015	
<ul><li>No one in my household received BAS in 2015.</li><li>B. Certification</li></ul>						
Signing this form certifies that the information reported is complete and correct and that any false statement or failure						
to provide	proof when ask	ed may be ca	use for delay,	denial, reduction or withdrawa	I of financial aid.	
Student Signature		Date	<del></del>	Parent Signature	Date	
Submit this form to the Southwestern College Financial Aid Office or to any of the Student Services Departments						

Submit this form to the Southwestern College Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers. You should make a photocopy of this form for your records.