



**NOTICE:** All data requested on this form is required by the Air Force Aid Society to determine applicant eligibility.  
**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 USC 1097.

**SECTION A — TO BE COMPLETED BY THE STUDENT APPLICANT — READ THE INSTRUCTIONS — TYPE OR PRINT IN INK**

1. Social Security Number			2. Last Name, First, M.I., Permanent Home Address (Family's Current Mailing Address) Name			
3. Birthdate			Address			
MONTH	DAY	YEAR	City		State	Zip
4. Area Code/Phone No. (     ) -     -			4A. Email Address			
5. Academic Year (Beginning no sooner than <b>8/2010</b> and ending no later than <b>6/2011</b> )						
From			To			
6. College grade level for <b>2010 - 2011</b>			7. Intended Enrollment Status (check one)		8. Most Recent Cumulative GPA ( <b>4.0 scale</b> )	
<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> 5th yr. Undergraduate <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior <b>(5-year program only)</b>			<input type="checkbox"/> Full-time <input type="checkbox"/> At least half-time <b>(Full-time required)</b>			
9. School <b>MOST LIKELY</b> attending during <b>2010 - 2011</b> . <b>DO NOT LEAVE BLANK!</b>						
School Name:				City:		State:

**SECTION B — TO BE COMPLETED BY THE AIR FORCE MEMBER/SURVIVING SPOUSE — READ THE INSTRUCTIONS — TYPE OR PRINT IN INK**

10. Social Security Number			11. Last Name, First, M.I., Permanent Home Address (Family's Current Mailing Address) Name				12. Student is Member's:		
13. Birthdate			Address				<input type="checkbox"/> Child		
MONTH	DAY	YEAR	City		State	Zip	<input type="checkbox"/> Spouse		
14. Area Code/Phone No. (     ) -     -			14A. Email Address						
15. Category (check one and <b>ATTACH DOCUMENTATION</b> - See Application Procedures #2)									
<input type="checkbox"/> Active Duty/Title 10			<input type="checkbox"/> Title 32 AGR		<input type="checkbox"/> Retired		<input type="checkbox"/> Retired Reserve (Not 60)		<input type="checkbox"/> Deceased

15A. Active Duty Status Information

1. Current Rank: \_\_\_\_\_

2. Date of Separation: \_\_\_\_\_

3. Status as of **12/1/10**:     Active Duty     Retired     Separated

4. Present Duty Station: \_\_\_\_\_

15B. Retired Status Information

1. Rank at Retirement: \_\_\_\_\_    2. Date of Retirement: \_\_\_\_\_

15C. Deceased Member Information

1. Social Security Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

3. Rank: \_\_\_\_\_

**MAIL TO:**  
 Air Force Aid Society  
 Education Assistance Dept.  
 241 18th Street South  
 Suite 202  
 Arlington, VA 22202-3409

16. Telephone at work/DSN (     ) -     -		17. I CERTIFY THAT THE STUDENT IDENTIFIED IN SECTION A IS MY DEPENDENT CHILD/SPOUSE. Signature: _____ Date: _____	
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AFAS HQ Certification (Signature)

**APPLICATION RECEIPT DEADLINE — MARCH 12, 2010 — NO EXTENSIONS!**