

Military Spouse and Child Scholarship

Please return your completed form and a copy of DD Form 214 or current Military ID card of Spouse or Parent to: Financial Aid Office

Name (Last, First MI)	Last Four SSN	Student ID #
Address	City and State	Zip
Phone Number		

- Academic Program:** Acupuncture and Chinese Medicine Chiropractic
- Massage Therapy Nutrition
- Undergraduate Health Sciences

Northwestern Health Sciences University Qualifying questions:

- Did Spouse or Parent receive an Honorable Discharge: Yes No

STUDENT CERTIFICATION

Student signature	Date
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OFFICE USE ONLY

Eligibility: Military Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: DD Form 214 MUST be the Member-4 page. This page lists the "Character of Service" – Honorable, General, etc.
Documentation Received: <input type="checkbox"/> DD214 <input type="checkbox"/> Military ID card <input type="checkbox"/> Other
Financial Aid Office Staff Name: _____ Date: _____