



Allotment Request Data Entry Screen – ETA 658

Allotment Requests

Name: [Redacted] **Student ID:** [Redacted]
Gender: [Redacted] **Age:** 23 **Counselor:** [Redacted]

OMB 1205-0030
Expiration Date: 11/30/2010

Form 6-58

Allottee Information

Type: Individual **Last Name:** [Redacted] **Exempt 1099:**
Business: [Redacted] **First Name:** [Redacted]
Middle Initial: [Redacted]

Allottee Address Information

Address1: [Redacted]
Address2: [Redacted]
City: [Redacted]
State: [Redacted] **Zip:** [Redacted]
Home Phone: [Redacted] **Fax:** () - [Redacted]
Work Phone: () - [Redacted] - [Redacted]

Beneficiary Information

Child Name	Birthday	Gender	Beneficiary
[Redacted]	[Redacted]	[Redacted]	<input checked="" type="checkbox"/>

Allotment Information

Relationship to Student: Parent
Case No: [Redacted]
Start Date: [Redacted]
Change Date: [Redacted]

Amount Information

Contribution: 5.00
Match: 25
Total Contribution: 30

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