



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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