



Allotment Request Data Entry Screen – ETA 658

Allotment Requests

Name: _____ Student ID: _____
 Gender: _____ Age: _____ Counselor: _____

Form 8-58 OMB 1205-0030
Expires 01/31/2014

Allottee Information		Beneficiary Information	
Type: _____	Last Name: _____	Child Name	Birthday
Business: _____	First Name: _____	_____	_____
	Middle Initial: _____	_____	Beneficiary <input checked="" type="checkbox"/>
Allottee Address Information Address1: _____ Address2: _____ City: _____ State: _____ Country: _____ Zip: _____ Home Phone: () - _____ Fax: () - _____ Work Phone: _____ - _____		Allotment Information Relationship to Student: _____ Case No: _____ Start Date: _____ Stop Allotment: <input type="checkbox"/> Change Date: _____	
Amount Information Contribution: _____ Match: _____ Total Contribution: _____		<input type="button" value="Select Allotment"/> <input type="button" value="New"/> <input type="button" value="Save"/>	

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