



Allotment Request Data Entry Screen – ETA 658

Allotment Requests

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

Form 8-58

OMB 1205-0030
Expires 3/31/2017

Allottee Information		Beneficiary Information	
Type: _____	Last Name: _____	Child Name	Birthday
Business: _____	First Name: _____	_____	_____
	Middle Initial: _____	_____	Gender
			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:
 Change Date: _____

Amount Information

Contribution: _____
 Match: _____
 Total Contribution: _____

Select Allotment
 New Save

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