

## U.S. Department Labor Employment and Training Administration

OMB Control No.: 1205-0030 Expiration Date: xx/xx/xxxx

Allotment Request Data Entry Screen – ETA 658 File Edit View Center Utilities Window Help **a** 12 Allotment Requests Name: Student ID: Gender: Age: Counselor: OMB 1205-0030 Expires xx/xx/xxx/xxxx Form 6-58 **Beneficiary Information** Allottee Information Last Name: Exempt 1099: **Child Name** Birthday Gender Beneficiary Type: First Name: Business: Middle Initial: Allottee Address Information Allotment Information Relationship to Address1: Student: Address2: Case No: City: Start Date: ш State: Stop Allotment: ▼ Zip: Country: Home Phone: Fax: ( ) -Change Date: Work Phone: **Amount Information** Contribution: Match: Select Allotment **Total Contribution:** New Save

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