

Military Spouse and Child Scholarship

Please return your completed form and a copy of DD Form 214 or current Military ID card of Spouse or Parent to: Financial Aid Office

Name (Last, First MI)	Your Northwestern Email	Student ID #
Address	City and State	Zip
Phone Number		

Academic Program:

- Acupuncture and Chinese Medicine Chiropractic Integrative Health and Wellbeing Coaching
- Integrative Care Massage Therapy Medical Laboratory Science Completion
- Medical Laboratory Technology Functional Nutrition Radiation Therapy Radiologic Technology
- Undergraduate Health Sciences (including B.S. Completion Program and Post-Baccalaureate Pre-Health)
- Functional Sports and Performance Nutrition

Northwestern Health Sciences University Qualifying questions:

- Did Spouse or Parent receive an Honorable Discharge: Yes No

STUDENT CERTIFICATION

Student signature	Date
-------------------	------

OFFICE USE ONLY

<p>Eligibility: Military Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: DD Form 214 MUST be the Member-4 page. This page lists the "Character of Service" – Honorable, General, etc.</p> <p>Documentation Received: <input type="checkbox"/> DD214 or NGB 22 <input type="checkbox"/> Military orders or Unit Letter <input type="checkbox"/> NOBE</p> <p style="padding-left: 100px;"><input type="checkbox"/> Military ID card <input type="checkbox"/> Other</p>
<p>Financial Aid Office Staff Name: _____ Date: _____</p>