This form is used to verify your deployment to determine that you qualify to have your UAF course fees covered by a scholarship.

__________________________  _______________  _______________________
Student last name                      First name                        UA ID number (if known)

__________________________  _____________________________
Phone number                         Email address

__________________________  _____________________________
Rank                               Unit

Deployment dates: __________________ to __________________

__________________________  _______________
Student signature                       Date

To be completed by one of the following: PLT LDR/Co CDR/BN CDR

______________________________________________
PLT LDR/Co CDR/BN CDR full name

______________________________________________
Rank/title

______________________________________________  _______________
PLT LDR/Co CDR/BN CDR signature                     Date