

Scholarship Application: Income Verification Form

Participant Name:		DOB:
Parent(s) Name:	Address:	

Section I. Proof of Annual Gross Household Income

Gross Income is the total amount of revenue before taxes or other deductions. Proof of income must be attached.

Source Income	Gross Amount Documentation used for proof		
Employer:	Pay Stub, W-2		
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Unemployment Benefits	Check Stub, Letter, Tax Return		
Social Security	Check Stub, Statement, Tax Return		
Disability (Temp, Long Term, Etc)	Check Stub, Statement, Tax Return		
Military Pay or Benefits	Check Stub, Statement, Tax Return		
Retirement (Pension, Annuity, Etc)	Check Stub, Statement, Tax Return		
Alimony	Court Document, Tax Return		
Child Support	Court Document, Tax Return		
Other:	check stubs, letter, tax return		

Number of Household Occupants: _

This number includes the participant, parents, other children and stepchildren. Include all legal family members living in the household who are dependent on the income recorded for the household.

Attestation of Zero Annual Gross Household Income:

I attest to the fact that I reside in a household with no income. ______

Client Signature Date

Attestation of Responsibility:

I understand that I need to report any and all changes (increase or decrease) in my income and/or changes in household size because this has a direct bearing on determining my financial eligibility for a scholarship. I also understand and agree that I will provide a copy of my proof of income as requested.

Parent/Guardian Signature Required

I have reviewed this Form along with the attached supporting documentation and have determined the annual gross household income to be \$_______. Amount of scholarship:_______

Finance Signature

Date