



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.

Table with 3 columns: Source Income, Gross Amount, and Documentation used for proof. Rows include Employer, Unemployment Benefits, Social Security, Disability, Military Pay, Retirement, Alimony, Child Support, and Other.

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.

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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 Date

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