

**INCOME EXCLUSION WORKSHEET-STUDENT
 ACADEMIC YEAR 2011-12**

Student Name: _____

Student ID # (if applicable): _____ Last Four Digits of SSN: XXX - XX - _____

I certify the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

To confirm your 2011-12 financial aid eligibility, our office requires additional information about your 2010 income. Please complete the information below and submit this form to our office. Respond to all questions. We are not able to accept blank as an answer. If the answer is zero, please indicate '0'. Incomplete forms will be returned to you for clarification.

<input type="checkbox"/> Student: Check here if you did not file and were not required to file a 2010 tax form.	
Income Exclusion Source	Amount (1/01/2010 – 12/31/2010)
Grants or Scholarships that you reported on your 2010 federal tax form (1040, 1040A, 1040EZ)	\$
Taxable earnings from federal or state work study programs	\$
Taxable Combat pay included in your AGI on your 2010 federal tax form	\$
AmeriCorps awards, living allowances, and interest accrual payments	\$
Earnings from work under a cooperative education program offered by a college	\$
Child Support PAID for 2010 (don't include children listed in household): Name of child(ren) child support paid for: _____ _____ _____ Name of parent child support paid to: _____	\$