



Office of Financial Aid  
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015  
 810-989-5530 fax 810-989-5774 [sc4.edu](http://sc4.edu)

|                   |
|-------------------|
| Student ID: _____ |
| Rec'd by: _____   |
| Date: _____       |

### SC4 2023-2024 Income Worksheet

Name: \_\_\_\_\_ Student ID (SSN): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Use the lines below to report any additional or untaxed income your household received in 2021. Dependent students: please answer the questions about both your parents and yourself.

| Student | Parent | Additional Income   |
|---------|--------|---|
| \$      | \$     | Child Support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.  |
| \$      | \$     | Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.  |
| \$      | \$     | Taxable college grant and scholarship aid reported to the IRS as income. Includes Americorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. |
| \$      | \$     | Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.  |
| \$      | \$     | Earnings from work under a cooperative education program offered by a college.  |

| Student | Parent | Untaxed Income   |
|---------|--------|--|
| \$      | \$     | Payments to tax deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).  |
| \$      | \$     | Child support received for any of your children. <b>Don't include</b> foster care or adoption payments.  |
| \$      | \$     | Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.  |
| \$      | \$     | Veteran's non-education benefits, such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances  |
| \$      | \$     | Other untaxed income not reported above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 13. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. |
| \$      | \$     | Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.   |



Office of Financial Aid  
323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015  
810-989-5530 fax 810-989-5774 [sc4.edu](http://sc4.edu)

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If requested, I agree to provide additional documentation to the Financial Aid Office. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

You must physically sign this form, a typed signature is not acceptable.

*Return this form to the SC4 Office of Financial Aid:  
Fax: 810-989-5774 E-mail: [financialaid@sc4.edu](mailto:financialaid@sc4.edu)*