

Name: _____ SID number: _____

Opportunity Grant

Loss of Income Statement

Information reflects January 1 – December 31, 2010.

If your 2010 income reflects a loss or change that may now meet the income limitations of the Opportunity Grant Scholarship, please fill out the following – attach supporting documents.

1. Student's gross income from employer/s:

Name of Employer: _____

Date of Last pay check: _____ Gross Income: \$ _____

Estimated future earnings (present to 12/31/10) Gross Income: \$ _____

Name of Employer: _____

Date of Last pay check: _____ Gross Income: \$ _____

Estimated future earnings (present to 12/31/10) Gross Income: \$ _____

2. Spouse's gross income from employer/s:

Name of Employer: _____

Date of Last pay check: _____ Gross Income: \$ _____

Estimated future earnings (present to 12/31/10) Gross Income: \$ _____

Name of Employer: _____

Date of Last pay check: _____ Gross Income: \$ _____

Estimated future earnings (present to 12/31/10) Gross Income: \$ _____

over →

3. Federal or State Benefits – Child Support

Child Support: \$ _____ per month X _____ months = _____ annual

Section 8 Housing: \$ _____ per month X _____ months = _____ annual

SSI: \$ _____ per month X _____ months = _____ annual

TANF: \$ _____ per month X _____ months = _____ annual

Workers Comp: \$ _____ per month X _____ months = _____ annual

Other: \$ _____ per month X _____ months = _____ annual

_____ **TOTAL**

Add together totals from 1, 2, and 3 above to reflect your Adjusted Gross Income for 2010:

1. Student's: Gross from Last paycheck: \$ _____ Future paycheck: \$ _____

2. Spouse's: Gross from last paycheck: \$ _____ Future paycheck: \$ _____

3. Benefits: _____ Benefits: \$ _____

Total Adjusted Gross Income for 2010 = \$ _____

No Income or Benefits received in 2010

Were you homeless? Yes No Number of months during 2010? _____

Were you incarcerated? Yes No Number of months during 2010? _____

My family consists of myself plus _____ dependent s to equal a family size of _____ members.

Signature: _____

Date: _____

Brief statement regarding your Loss of Income: _____
