



**Office of Student Financial Services**

One Winooski Park, Box 4

Colchester, VT 05439

Tel. 802-654-3243

Fax: 802-654-2591

E-mail: [finaid@smcvt.edu](mailto:finaid@smcvt.edu)

**2019-2020 Parents' Taxable Grants & Scholarships Worksheet**

Student Name: \_\_\_\_\_

SMC ID# \_\_\_\_\_

Please verify your parents' taxable student grant and scholarship aid **reported to the IRS as income and included in your parents' 2017 Adjusted Gross Income**. Enter 0 if this does not apply, do not leave blank.

- **Please consider your response:** This worksheet asks for grant and scholarship aid which was reported as taxable income on your parents' 2017 federal income tax return. Many grants and scholarships are tax free provided they meet criteria established by the IRS – do not report such tax free grants and scholarships.
- Do **NOT** report total 2017 grant and scholarships aid. Report only the amount of grants and scholarships which were taxable and included in your parents' 2017 Adjusted Gross Income.
- Include taxable AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships if they were taxable and included in your parents' Adjusted Gross Income.

Your parents' 2017 taxable student grant and scholarship aid <b>reported to the IRS in your parents' 2017 Adjusted Gross Income</b> . Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. <b>DO NOT INCLUDE NON-TAXABLE GRANT OR SCHOLARSHIP AID.</b>	\$ _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------

**CERTIFICATION:** I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print and sign before submitting. We CANNOT accept digital signatures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date