



**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)

**2023-2024 Independent Income Exclusion Worksheet**

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

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

**ENTER 0 FOR ANY ITEMS THAT DO NOT APPLY. DO NOT LEAVE ANY FIELDS BLANK!**

Student	Calendar Year 2021	Spouse
\$ _____	Child support paid because of divorce or separation or as a result of a legal requirement. <b>Do not include support for children included in your household on the 2023-2024 FAFSA.</b>	\$ _____
\$ _____	Taxable earnings from need-based employment programs such as Federal Work Study and need-based employment portions of fellowships and assistantships.	\$ _____
\$ _____	Taxable grant and scholarship aid <b>reported to the IRS as income.</b> Include 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 <b>that was reported to the IRS in your adjusted gross income. DO NOT INCLUDE UNTAXED COMBAT PAY.</b>	\$ _____
\$ _____	Earnings from work under a cooperative education program offered by a college.	\$ _____

**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

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Spouse Printed Name

\_\_\_\_\_  
Date