Office of Financial Aid
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
Fax: 802-654-2591
E-mail: finaid@smcvt.edu

2026-2027 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 2024	Spouse
$ _____	Child support paid because of divorce or separation or as a result of a legal requirement. **Do not include support for children included in your household on the 2026-2027 FAFSA.**	$ _____
$ _____	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 **reported to the IRS as income.** 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 **that was reported to the IRS in your adjusted gross income. DO NOT INCLUDE UNTAXED COMBAT PAY.**	$ _____
$ _____	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, sign and date before submitting. We <u>CANNOT</u> accept digital signatures.

_____ _____
Student Signature Date

_____ _____ _____
Spouse Signature Spouse Printed Name Date