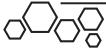
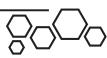
hild Care	Scholarship	Transportation	



## **Application for Financial Aid**



Other

## **FAMILY INCOME**

We will likely ask you to provide proof of income before we award you Workforce Solutions financial aid. Complete a worksheet for <u>EACH</u> household family member, including you, who has a source of income. Complete all lines that apply to you.

Income Source	Income Received in the Most Recent 26 weeks	Income Received in the Most Recent Complete Mont
Gross Wages/Salary		
Self-Employment Income		
Regular Social Security Payments		
Workers' Compensation		
Other Disability Payments		
Interest/Dividends		
Railroad Retirement		
Other Pensions/Retirement Income Including 401(k) Early Withdrawals		
Other Included Income		
Child Support		
Public Assistance		
Unemployment Insurance Benefits		
WIA Payments		
Capital Gains/Losses		
One-time Cash Payment Including Lottery Payments Over \$600		
Veterans Active Duty		
Payment in Lieu of TANF		
Payment from Home Sale		
Auto Accident Payment		
ocial Security Disability Income (SSDI)		
Total		