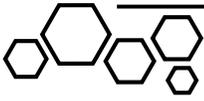


Child Care

Scholarship

Transportation

Other



Application for Financial Aid

INCOME RECONSTRUCTION WORKSHEET

Use this form to reconstruct income received during 26-week income determination period when little or no documentation is available. Work backwards from the application date.

Income determination period: _____ / _____ to _____ / _____

Week #	From	To	Wage per Hour	X	Hours Worked	+	Other (i.e. Tips)	=	Total
1	/	/	\$	X		+		=	\$
2	/	/	\$	X		+		=	\$
3	/	/	\$	X		+		=	\$
4	/	/	\$	X		+		=	\$
5	/	/	\$	X		+		=	\$
6	/	/	\$	X		+		=	\$
7	/	/	\$	X		+		=	\$
8	/	/	\$	X		+		=	\$
9	/	/	\$	X		+		=	\$
10	/	/	\$	X		+		=	\$
11	/	/	\$	X		+		=	\$
12	/	/	\$	X		+		=	\$
13	/	/	\$	X		+		=	\$
14	/	/	\$	X		+		=	\$
15	/	/	\$	X		+		=	\$
16	/	/	\$	X		+		=	\$
17	/	/	\$	X		+		=	\$
18	/	/	\$	X		+		=	\$
19	/	/	\$	X		+		=	\$
20	/	/	\$	X		+		=	\$
21	/	/	\$	X		+		=	\$
22	/	/	\$	X		+		=	\$
23	/	/	\$	X		+		=	\$
24	/	/	\$	X		+		=	\$
25	/	/	\$	X		+		=	\$
26	/	/	\$	X		+		=	\$
Total estimated income received for the 26 week period									\$

I hereby attest that this is an accurate summary of income I received during this period.

Signature of Self-Employed _____ Date _____ / _____ / _____

