

2024 2025

STUDENT INFORMATION

Student Name \_\_\_\_\_ Eagle ID Number \_\_\_\_\_

Please return this form to your parent(s). You may include an additional statement if you have resources used to pay for your education. Please include a list of resources used to pay for your education. Please include a list of resources used to pay for your education. Please include a list of resources used to pay for your education.

**FAMILY RESOURCES FOR THE 2022 CALENDAR YEAR**

All figures should be entered as annual, unless otherwise indicated for the whole family, unless otherwise indicated.

Parent's Wage \$ \_\_\_\_\_

Minor's Wage \$ \_\_\_\_\_

Benefit Income \$ \_\_\_\_\_

Permit/Allowance Payment \$ \_\_\_\_\_

Social Security Benefit \$ \_\_\_\_\_

Vendor's Benefit \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Welfare's Compensation \$ \_\_\_\_\_

AFDC, Housing Subsidy, Vendor's Grant or Allowance \$ \_\_\_\_\_

Alimony Received \$ \_\_\_\_\_

Gifts Received \$ \_\_\_\_\_

Interest/Dividend Income \$ \_\_\_\_\_

**Additional Resources:**

If you are a grant recipient, please indicate the calendar year for the grant date received.  
 Please enter:

**NET RESOURCES**

T a f a R e . . . ce (b f age 2) \$ \_\_\_\_\_

M . . T a f a E e e (b f age 1) \$ \_\_\_\_\_

Equals \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Add a c a f g c e e g a d g . . . a a e . . . e e .

Multiple horizontal lines for additional information.

**CERTIFICATION STATEMENT**

I/We, e b ce f a e f a . . . ded f a c . . . e e a d a c c a e a c c . . . f a e e e c e d a d e . . . ce e c e . e d f . . . e c a e d a e a 2022.

F a e ' S g a . e \_\_\_\_\_ D a e \_\_\_\_\_

M e ' S g a . e \_\_\_\_\_ D a e \_\_\_\_\_

S . d e ' S g a . e \_\_\_\_\_ D a e \_\_\_\_\_