

# Opportunity Grant

## Loss of Income Form for Academic year 2021-22

Use this form if your 2021 income will be less than the 2020 income. The new information will be used to determine your Opportunity Grant Scholarship eligibility.

Name: \_\_\_\_\_ SID number: \_\_\_\_\_

### 1. 2021 Income and/or Benefits (provide copies of paystubs, documents, etc. for :)

Employment income: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

Workers Compensation: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

Child Support: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

SSI: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

TANF: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

Food Stamps: \$\_\_\_\_\_per month x\_\_\_\_\_months = \_\_\_\_\_

Other: \$\_\_\_\_\_per month x \_\_\_\_\_months = \_\_\_\_\_

**TOTAL** = \_\_\_\_\_

### 2. Family Size:

My family consists of myself (1) plus \_\_\_\_\_dependent members = \_\_\_\_\_size family.

List names, age, and relationship to you:

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[illegible]

**Opportunity Grant coordinator: approved\_\_\_\_\_ not approved\_\_\_\_\_**

**Signature:** \_\_\_\_\_