



Financial Aid Office • 5100 Sierra College Blvd • Rocklin CA 95677 • (916) 660-7310 • Fax (916) 630-4541

## **Taxable Grants and/or Scholarships**

Student Last Name

First Name

M.I.

Student ID Number

Date of Birth

Phone Number (include area code)

**You and/or your parent(s) reported taxable grants and/or scholarships on your FAFSA.**

Student taxable grants and/or scholarships reported to IRS in tax year 20\_\_\_\_.

☐ I did not report any grants and/or scholarships to the IRS in tax year 20\_\_\_\_.

Grant and/or Scholarship Name	Tax Year	Amount

Parent(s) taxable grants and/or scholarships reported to IRS in tax year 20\_\_\_\_.

☐ My parent(s) did not report any grants and/or scholarships to the IRS in tax year 20\_\_\_\_.

Grant and/or Scholarship Name	Tax Year	Amount

**Please submit this form in-person. Bring your government-issued photo ID and a copy of the IRS Tax Transcript/signed Tax Return for the year the grants and/or scholarships were reported.**

*BY SIGNING THIS FORM, I CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_