

**PARENTS' TAXABLE GRANTS &  
SCHOLARSHIPS WORKSHEET  
2018-2019**

**UNIVERSITY OF VERMONT**  
Office of Student Financial Services  
223 Waterman Building  
Burlington, VT 05405  
**Fax: (802) 656-4076**  
Email: sfs@uvm.edu

**Student Name** \_\_\_\_\_ **Student ID # 95** \_\_\_\_\_

This worksheet is used to verify that the amount of taxable student grant and scholarship aid that was reported to the IRS and included in your parents' **2016** adjusted gross income is correct.

The types of taxable college grants and scholarships that may be included are: AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships that are included in your parents' adjusted gross income.

Please make sure that only the taxable portions of this aid are reported on this worksheet. **Do not report any non-taxable grants or scholarships.**

- Report the amount of taxable student grant and scholarship aid on this worksheet as it was reported on your parents' **2016** federal income tax return. It is important to note that many grants and scholarships are tax free provided they meet criteria established by the IRS – **do not report such tax free grants and scholarships.** If you have questions regarding taxable grant and scholarship aid versus tax free grants and scholarship aid please refer your question(s) to the IRS or your tax preparer for further clarification.

Your parents' taxable student grant and scholarship aid <b>reported to the IRS in your parents' adjusted gross income.</b> Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. Do not include non-taxable grant or scholarship aid.	\$ _____
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**CERTIFICATION:** The student and one parent whose information was reported on the 2018-2019 FAFSA must sign. *We certify that all the information reported on this form and on any attachments is true, complete, and accurate to the best of our knowledge. We understand that any false statements could be cause for denial, reduction, withdrawal, or repayment of financial aid.*

**Digital/Electronic signatures will not be accepted.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**