Office of Financial Aid 100 East 8th Street, Suite 230 Holland, MI 49423 P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

Taxable Scholarship & Grant Income

2026-2027

| Student Name: | Hope College ID Number: |
|--|---|
| 5 / | cial aid application and need confirmation of the amount you or your parent listed plarships or AmeriCorps benefits reported as income to the IRS . |
| | AFSA indicates that you paid taxes on these grants, scholarships, or benefits. g their FAFSA form, not to first-time applicants. Do not list the amount reported |
| Student Check the box that applies: | |
| O I do not have college grants, | scholarships or AmeriCorps benefits that are reported as income to the IRS. |
| amount as taxable income. | rolarships or AmeriCorps benefits that are considered income and reported the 24 IRS Tax Return Transcript(s) or a signed copy of the 2024 federal income tax edules. |
| Parent Check the box that applies: | |
| O I do not have college grants, | scholarships or AmeriCorps benefits that are reported as income to the IRS. |
| | olarships or AmeriCorps benefits that are considered income and reported the |
| amount as taxable income. Provide a copy of the 202 return and applicable scho | 24 IRS Tax Return Transcript(s) or a signed copy of the 2024 federal income tax edules. |
| Certifications and Signatu | ıres |
| | at all of the information reported is complete and correct. The parent whose A must sign and date. Warning: If you purposely give false or misleading information, th. |
| Student Signature: | Date Signed: |
| | nust be in ink) |
| Parent Signature: | Date Signed: |

(signature must be in ink)