



獎學金申請所需的收入文件：

家庭中所有成年人都需要提供收入證明，兒童則需要提供受扶養人證明。如果提交的文件中未列出所有家庭成員，我們將要求申請人提供更多資訊。

首選方式：

- ❖ 提交您的 **2024 年 1040 聯邦所得稅申報表**的副本，並列出所有家庭成員。如果所有家庭成員和收入來源均已包括在內，則無需提供其他文件。提交文件時，請遮蓋所有社會安全號碼和銀行路由號碼。

如果您不報稅，則可使用以下替代文件：

- ❖ **「公共援助計畫」**：包括列出所有家庭成員的文件或包括所有列出的受扶養人的出生證明。如果該福利不是您唯一的收入來源，您還必須提供其他收入來源文件。我們不接受線上帳戶的螢幕截圖。福利信函必須列出您的姓名、福利金額和最近日期（我們不接受過期的福利信）。
 - **「貧困家庭臨時補助計畫」(TANF)**
 - **殘疾人社會安全收入 (SSI)**
 - **發育障礙管理局 (DDA)**
 - **「補充營養援助計劃」(SNAP) 福利信。**
- ❖ **失業聲明**：

如果您領取失業救濟金，您可以提交救濟金信函，其中包含每週付款細目以及救濟金到期時間。如果您的工作在任何時候發生變化，您需要通知獎學金辦公室您的收入變化。
- ❖ **最近一(1)個月的薪資單（如果您是兼職人員，則為2個月）**：為所有列出的家庭成員（18歲及以上）提交。申請書必須包含所有列出的受扶養人的出生證明。如果您除了薪資單之外還有其他收入來源，您也必須提供該文件。稅金/扣除額之前的每月總收入會用於計算您是否符合資格。
- ❖ **社會安全福利文件**：（SSI 或 SSA-1099）。如果社會安全福利金不是您唯一的收入來源（例如您有退休金、年金、營業收入等收入），您也必須提交 1040 聯邦所得稅申報表。
- ❖ **全日制學生驗證**：

接受學費補助的成年學生可能有資格獲得獎學金。學生必須提交課程表、學費補助獎勵信函以及任何其他收入來源的文件，以反映申請書中所列成年學生的收入狀況。這包括贊助者的資金和大學提供的所有資金。如果學生被聲稱為受扶養人（或經濟上受扶養人 - 通常年齡在 25 歲以下），則家長/監護人必須提供其 1040 所得稅資訊和包括該學生在內的家庭人數，方能獲得考慮。

❖ **從其他國家來訪者：**

如果您是訪問教授/學生，我們需要您的簽證文件副本，以及您、大學、美國政府和您的祖國之間的信件/協議，以及您的 2024 1040

表（如果您有報稅）。您必須申報所有收入來源，包括來自您的祖國和贊助者的收入。所有受扶養人也必須提供簽證文件。

❖ **缺乏收入文件：**

如果家庭中的成年人沒有收入來源，我們需要零收入證明文件。如有以下情況，請聯絡獎學金辦公室尋求協助。

❖ **現金工作者：**如果您是現金工作者且無法記錄您的收入來源，請聯絡獎學金辦公室。

❖ **寄養兒童：**寄養兒童可被視為一人家庭申請獎學金。請提供列出的寄養父母和寄養兒童的寄養文件。

❖ **我們不接受 W-2、1040 稅務謄本、往年的 1040 報稅表、銀行對帳單、線上帳戶螢幕截圖、Apple 健康保險卡或其他福利卡。**

如有疑問，請聯絡 scholarship.parks@seattleu.edu

Examples of Documents: 2024 1040 Tax document page 1 & 2

1040 Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 2024
 For the year Jan. 1-Dec. 31, 2024, or other tax year beginning . . . 2024, ending . . . 20

Your first name and middle initial: Jane Blue
 Last name: Blue
 Your social security number: [REDACTED]

Home address (number and street), if you have a P.O. box, see instructions: 222 2nd Ave St, Seattle, WA 98125
 City, town, or post office, if you have a foreign address, also complete spaces below: State: wa ZIP code: 98125
 Foreign country name: Foreign provincial/state/country: Foreign postal code:

Filing Status: Single
 Married filing jointly (even if only one had income)
 Married filing separately (MFS)
 Qualifying surviving spouse (QSS)
 Head of household (HOH)
 Qualifying widow(er) with dependent child (QWDC)

Digital Assets: Yes No

Standard Deduction: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Dependents: Was born before January 2, 1990 Are blind Spouse: Was born before January 2, 1990 Is blind

Income: 1a Total amount from Form(s) W-2, box 1 (see instructions): 60,000
 1b Household employer wages not reported on Form(s) W-2
 1c Tip income not reported on line 1a (see instructions)
 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)
 1e Taxable dependent care benefits from Form 2441, line 26
 1f Employer-provided adoption benefits from Form 8839, line 29
 1g Wages from Form 8819, line 6
 1h Other earned income (see instructions)
 1i Nontaxable combat pay election (see instructions)

Taxable Income: 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 60,000

Tax and Credits

16 Tax (see instructions). Check if any from Form(s) 1 8814 2 4972 3 16
 17 Amount from Schedule 2, line 3 17
 18 Add lines 16 and 17 18
 19 Child tax credit or credit for other dependents from Schedule 8812 19
 20 Amount from Schedule 3, line 8 20
 21 Add lines 19 and 20 21
 22 Subtract line 21 from line 18. If zero or less, enter -0- 22
 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23
 24 Add lines 22 and 23. This is your total tax 24

Payments

25 Federal income tax withheld from:
 a Form(s) W-2 25a
 b Form(s) 1099 25b
 c Other forms (see instructions) 25c
 d Add lines 25a through 25c 25d
 26 2024 estimated tax payments and amount applied from 2023 return 26
 27 Earned income credit (EIC) 27
 28 Additional child tax credit from Schedule 8812 28
 29 American opportunity credit from Form 8863, line 8 29
 30 Reserved for future use 30
 31 Amount from Schedule 3, line 15 31
 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32
 33 Add lines 25d, 26, and 32. These are your total payments 33

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34
 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a
 b Routing number: [REDACTED] c Type: Checking Savings
 d Account number: [REDACTED] 35b

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 37
 38 Estimated tax penalty (see instructions) 38

Sign Here

Your signature: Jane Blue Date: 2/15/25 Your occupation: worker
 Spouse's signature: George Blue Date: 2/15/25 Spouse's occupation: worker


Paid Preparer Use Only

Preparer's name: [REDACTED] Preparer's signature: [REDACTED] Date: [REDACTED] PTIN: [REDACTED] CHECK IT: self-employed
 Firm's name: [REDACTED] Firm's address: [REDACTED] Phone no.: [REDACTED] Firm's EIN: [REDACTED]

Block out social security numbers and bank routing numbers

TANF benefit letter

OLYMPIA
PO BOX 11699
TACOMA WA 98411-6699

 Washington State
Department of Social
& Health Services
Phone #
TTY/TDD #
Toll Free # 877-501-2233
Client ID # 123456789

05/04/15

BONNIE M CLIENT
826 TIPSOO LOOP S
RAINIER WA 98576-9745

Dear BONNIE M CLIENT

You will receive the following benefits:

	Begin Date	End Date
Cash – Aged, Blind, Disabled Assistance (ABD)	05/04/15	04/30/16
Basic Food Assistance (federal)	05/04/15	04/30/16

	First Issuance	Second Issuance	Future Issuances
Cash – Aged, Blind, Disabled Assistance (ABD)	\$177.00	\$197.00	\$197.00
Basic Food Assistance (federal)	\$174.00	\$194.00	\$194.00

Your cash benefit will be available on day 1 of each month.

You must:

- Apply for Supplemental Security Income (SSI) if you meet SSI citizenship requirements.
- Cooperate with chemical dependency treatment if you are assessed as dependent on drugs or alcohol.

Your food benefit will be available on day 7 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

DSHS Has Two Food Programs

DSHS has a federal food program called Basic Food. To receive federal Basic Food benefits, you must meet all federal rules, which require U.S. citizenship or certain alien status. 7 CFR 273.4

This letter includes begin date, end date, adult's name, benefit amount)

This benefit letter does not list the dependent children in the household. Birth certificates or other proof of dependency are therefore required

