Harvest Temple
Scholarship Granting Organization

Scholarship Program
Income Verification Form

Income verification is part of the scholarship application process. Awarding of HTSGO scholarships is prioritized by income. The Income Verification Form is used to establish your eligibility for an increased scholarship award amount.

Primary Parent

Name: (First/Middle/Last)	Marital Status:

Date of Birth:	Gender: ☐ Male ☐ Female	

Present Address: (Street Address)

City:	Zip Code:	Phone:

Email:
Email

Other Household Members

Name: (First/Middle/Last)		
Gender: ☐ Male ☐ Female	Date of Birth:	Last Four Digits SS#
Relationship to you:		

Name: (First/Middle/Last)		
Gender: ☐ Male ☐ Female	Date of Birth:	Last Four Digits SS#
Relationship to you:		

Name: (First/Middle/Last)		
Gender: ☐ Male ☐ Female	Date of Birth:	Last Four Digits SS#
Relationship to you:		

Name: (First/Middle/Last)		
Gender: ☐ Male ☐ Female	Date of Birth:	Last Four Digits SS#
Relationship to you:		

(copy this page if more space is needed)

Harvest Temple
Scholarship Granting Organization

Scholarship Program
Income Verification Form

Scholarship awarding is prioritized by income level. However, students are eligible for an award regardless of income level. Students in households below 300% of the federal poverty level may receive 25%-200% more than students in households above 300% of the federal poverty level. In 2023, 300% of the Federal Poverty Level for a family of four is $90,000. Reference the Poverty Guidelines Chart on our website to determine your income status. Students that receive or students whose guardians receive public assistance as defined by Section 5101.26 of the Revised Code qualify as low-income.

To receive an award, a student's household income or public assistance status must be verified. Sources of income include:

- TextCurrent pay stubs (multiple)
- W-2s for the most recent tax cycle
- 1099
- Current income tax returns

- Correspondence from the Social Security Administration, Ohio Bureau of Worker's Compensation, Department of Job and Family Services, and other providers of benefits showing the amount of benefits you are receiving
- Print out from child support enforcement

Income Information

In the space below, please list all current sources of household income and provide documentation for each one. **Please block out the first five digits of all Social Security numbers in all documents**. Reference the list above for acceptable income documents.

List each person in your household that has earned or unearned income. Please list all sources of income for each person.

Full Name	Full Employer or Income Source	Gross Amount Before Taxes	How Often Received

_____   _____
Signature of Primary Parent/Legal Guardian   Date

Please mail this form and all required documentation to the address below or email to sgoinfo@htcaclyde.com. Please send copies of original documents. Documents will not be returned.

HTSGO Scholarships
1022 South Main Street | Clyde, OH 43410