



Office of Financial Aid & Scholarships

2025-2026 UNTAXED INCOME WORKSHEET

Student's Name: \_\_\_\_\_

LSU ID: 89 - \_\_\_\_\_ - \_\_\_\_\_

Workday ID: \_\_\_\_\_

Please indicate the **total amount received during the 2023 calendar year**. All questions must be answered, even if the answer is zero.

Parent(s)      Student & Spouse

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Amount of college grants, scholarships or AmeriCorps benefits **reported as income to the IRS**.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ Child support **received** for all children. **Don't include** foster care or adoption payments.

By signing this statement, I (we) certify that all information on this form is complete and correct. **\*If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Note: *Electronic signatures will not be accepted. You must print to sign.***

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

Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_