



**HOWARD COLLEGE – OFFICE OF FINANCIAL AID
STATEMENT OF EARNED INCOME
2017**

I _____
Name Social Security Number

give consent to the release of the below information to Howard College.

EMPLOYER INFORMATION

Company Name _____

Address _____ Phone _____

WORK HISTORY

Beginning Date _____ Ending Date _____

SALARY

2017 Year-To-Date _____

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Student Signature _____ Date _____

Please Return This Form to the Financial Aid Office