



**HOWARD COLLEGE – OFFICE OF FINANCIAL AID**  
**STATEMENT OF EARNED INCOME**  
Aid Year \_\_\_\_\_

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**

Year-To-Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Return This Form to the Financial Aid Office**