

**DO NOT SUBMIT THIS FORM UNTIL AT LEAST SIX WEEKS  
AFTER A CHANGE IN INCOME HAS OCCURRED  
AND NO EARLIER THAN FEBRUARY 15, 2021**

**Parent 2021 Estimated Year Income Statement  
2021--2022**

<b>Student's Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	

This information is to be completed by the parent(s) of the student. If the custodial parent has remarried, the step-parent's income must also be included. Reflect all employment places that you have worked during 2021, include total earnings to date before tax withholdings. If you have not already done so, **please provide a written explanation** detailing why you expect a reduction in income during the 2021 calendar year. All documents should be submitted directly to the Office of Financial Aid at the address or fax number listed at the bottom of the page.

Name of affected parent(s) \_\_\_\_\_

Date reduction in income began \_\_\_\_\_ If applicable, date returned to work \_\_\_\_\_

If including copies of last pay stub(s), how often were you paid?  Weekly  Twice a month  Monthly

Report **ACTUAL** earnings from January 1, 2021 through TODAY. Project **ANTICIPATED** earnings from TODAY to the end of the calendar year. Do not leave questions blank; enter the appropriate numbers or \$0 when no income is received. We will calculate estimated federal, state, and local taxes, as well as FICA and Medicare taxes, based on the information you provide.

<b>Income for January 1, 2021 to December 31, 2021</b>	<b>ACTUAL amount from Jan 1, 2021 through TODAY</b>	<b>ANTICIPATED amount from TODAY through Dec 31, 2021</b>	<b>TOTAL</b>
<b>Parent 1's Gross Earnings (Wages)</b>			
<b>Parent 2's Gross Earnings (Wages)</b>			
<b>Business Income (or Loss)</b>			
<b>Parent's(s)' Unemployment Benefits</b>			
<b>Other taxable family income</b> (which may include, but is not limited to dividends, interest, pensions, alimony, taxable social security benefits, capital gains and severance payments)			
<b>Untaxed income and benefits</b> (which may include, but is not limited to child support, TANF, Military or Clergy living allowances and veteran's non-education benefits)			
<b>TOTALS</b>			

My signature below signifies that the information provided for this appeal is true to the best of my knowledge. I understand that I must provide required verification documents such as the 2019 and 2020 federal income tax returns and W-2 statements in order to process this request.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Upload this completed form to:** [https://admissions.kenyon.edu/register/upload\\_finaid\\_docs](https://admissions.kenyon.edu/register/upload_finaid_docs)

**Or return to:**

Kenyon College  
Office of Financial Aid  
Edelstein House  
Gambier, Ohio 43022-9623  
Fax: 740-427-5240