SD FOUNDATION	**Financial Aid Supporting Document** **Employee Annual Income Statement**	Doc Code: FA-F002 Version: Current Issuance Date 10/09/2023

Note: This should be completed by the employer for every employed member of the family.
You may photocopy this as needed.

Employee Details	**Name of Financial Aid Applicant**	**Name of Employee**	**Position and Title of Employee**
Employer Details	**Name of institution**	**Date of Employment**	**Business Telephone**
	Employer's Name	**Type of institution (nature of work)**	

Annual Income Details	**Employee Annual Income Statement**		
	Income Type	**Amount in LBP**	**Amount in USD**
	Basic Annual Salary	LBP	USD
	Annual Transportation Allowance	LBP	USD
	Annual Bonus	LBP	USD
	Annual Commission	LBP	USD
	Annual Educational Allowance Child 1 Name:	LBP	USD
	Annual Educational Allowance Child 2 Name:	LBP	USD
	Annual Educational Allowance Child 3 Name:	LBP	USD
	Annual Educational Allowance Child 4 Name:	LBP	USD
	Any Other Annual Benefit Specify:	LBP	USD
	Total Income	**LBP**	**USD**

Endorsements	**Date**	**Employer's Signature**	**Seal**