

Saint Francis Medical Center College of Nursing
Student Finance Office
511 NE Greenleaf Street
Peoria, IL 61603

MEANS OF SUPPORT FOR 2016

Name \_\_\_\_\_ SS# \_\_\_\_\_

Your Student Information Report (SAR/ISIR) states a household size of \_\_\_\_\_ and a total income in 2016 of \$\_\_\_\_\_. Please clarify the 2016 income by completing the following information:

Housing Cost -

Rent/Mortgage payment per month \$ \_\_\_\_\_

On Campus housing per semester \$ \_\_\_\_\_

Other \_\_\_\_\_

From what source was this paid? \_\_\_\_\_

Food Cost -

Average monthly cost for food \$ \_\_\_\_\_

From what source was this paid? \_\_\_\_\_

Transportation Cost -

Do you own a car? \_\_\_\_\_

Amount of monthly car payment \$ \_\_\_\_\_

Average monthly cost of car insurance \$ \_\_\_\_\_

Average monthly cost for car maintenance (gas, oil, etc.) \$ \_\_\_\_\_

From what source was this paid? \_\_\_\_\_

Average monthly cost for car pool/public transportation \$ \_\_\_\_\_

From what source was this paid? \_\_\_\_\_

Please use the "Special Circumstances" section on the next page to explain or clarify your family income for 2016.

I certify that the above information regarding 2016 income is correct and accurate to the best of my knowledge.

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

Date \_\_\_\_\_

Special Circumstances -

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Total 2016 Income \_\_\_\_\_ Total Cost From Front \_\_\_\_\_

Tuition/Fee \_\_\_\_\_ Campus Housing \_\_\_\_\_ Total Aid Rec'd \_\_\_\_\_

Notes -

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