

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

MEANS OF SUPPORT FOR 2017

Name _____ SS# _____

Your Student Information Report (SAR/ISIR) states a household size of _____ and a parent income of \$ _____.
Please clarify estimated 2017 income by completing the following **parent information.**

Housing Cost -

Rent/Mortgage payment per month \$ _____

Other _____

From what source was this paid?

Food Cost -

Average monthly cost for food \$ _____

From what source was this paid?

Transportation Cost -

Average monthly cost for car pool/public transportation _____

Do you own a car? _____

Amount of monthly car payment \$ _____

Average monthly cost for car insurance \$ _____

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

From what source was this paid?

Use the back of this form to explain any special circumstances which will clarify the family income for 2017.

I certify that the above information regarding 2017 income is correct and accurate to the best of my knowledge.

Student's Signature

Date

Parent's Signature

Date

OVER

Special Circumstances –

Student Finance Office Use Only

Total 2017 Income _____ Total Cost From Front _____

Tuition/Fee _____ Campus Housing _____ Total Aid Rec'd _____

Notes
