

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

MEANS OF SUPPORT FOR 2015

Name _____ SS# _____

Your Student Information Report (SAR/ISIR) states a household size of ____ and a parent income of \$ _____. Please clarify estimated 2015 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 2015.

OVER

Special Circumstances –

I certify that the above information regarding 2015 income is correct and accurate to the best of my knowledge.

Student's Signature

Date

Parent's Signature

Date

Student Finance Office Use Only

Total 2015 Income _____ Total Cost From Front _____

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

Notes

