#### Student

**Saint Francis Medical Center College of Nursing**

**Student Finance Office**

**511 NE Greenleaf Street**

**Peoria, IL 61603**

MEANS OF SUPPORT FOR 2020

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

Your Student Information Report (SAR/ISIR) states a household size of \_\_\_\_\_ and a total income in 2020 of $\_\_\_\_\_\_\_\_\_. Please clarify the 2020 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Food Cost –

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

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

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Please use the “Special Circumstances” section on the next page to explain or clarify your family income for 2020.

I certify that the above information regarding 2020 income is correct and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

Special Circumstances -

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Student Finance Office Use Only

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Total 2020 Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost From Front\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Notes - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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