Saint Francis Medical Center College of Nursing

Student Finance Office 511 NE Greenleaf Street Peoria, IL 61603

*Worksheets for Calendar Year 2020*

**2020 Additional Financial Information**

Student/Spouse Report Annual Amounts Parent

 (If Dependent)

 Education credits (American Opportunity Tax Credit and Lifetime Learning tax credits) from

$\_\_\_\_\_\_\_\_\_\_ IRS Form 1040 Schedule 3—line 3. $\_\_\_\_\_\_\_\_\_\_

 Child support paid because of divorce or separation or as a result of a legal requirement.

 **Don’t include** support for children in your (or your parents’) household, as reported in

$\_\_\_\_\_\_\_\_\_\_ question 95 (Or question 74 for your parent). $\_\_\_\_\_\_\_\_\_\_

 Your (or your parents) taxable earnings from need-based employment programs,

 such as Federal Work-Study and need-based employment portions of fellowships

$ \_\_\_\_\_\_\_\_\_\_ and assistantships. $ \_\_\_\_\_\_\_\_\_\_

 Taxable college grant and scholarship aid **reported to the IRS in your (or your parents’)**

 **adjusted gross income**. Includes AmeriCorps benefits (awards, living allowances and interest

$ \_\_\_\_\_\_\_\_\_\_ accrual payments), as well as grant or scholarship portions of fellowships and assistantships. $ \_\_\_\_\_\_\_\_\_\_

 Combat pay or special combat pay. Only enter the amount that was taxable and included

 $ \_\_\_\_\_\_\_\_\_\_ in your (or your parents’) adjusted gross income. **Don’t include** untaxed combat pay. $ \_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ Earnings from work under a cooperative education program offered by a college. $ \_\_\_\_\_\_\_\_\_\_\_\_

$**\_\_\_\_\_\_\_\_\_\_ TOTAL TOTAL $\_\_\_\_\_\_\_\_\_\_**

 Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Parent/Stepparent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_