

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

*Worksheets for Calendar Year 2017*  
**2017 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—line 50 or 1040A—line 33. \$ \_\_\_\_\_

\$ \_\_\_\_\_ 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 73 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 \_\_\_\_\_