



VERIFICATION OF BUSINESS VALUE 2024-2025

6 W X G H Q V B P B B I D P H _____ USFID or SSN: _____

To complete your application for financial assistance, additional information is needed. Your family reported on the 2022 Federal IRS Income Tax Transcript (Business Income or Loss Schedule C, CZ or F)

below.

Sign and date the form below and return it to our office. Contact our office if you have any questions regarding this information.

Explanation: _____

I/We certify the above information to be true and correct to the best of our knowledge.

Student V 6 L J Q D W X U H

Date

Parent V 6 L J Q D W X U H

Date

Please return the completed form to:
Financial Aid Services
500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 7493403 | Tollfree: (866) 8908331 | Fax: (815) 740822