

Creighton University- Advanced Medical Transport of Central Illinois Paramedic Consortium Financial Assistance Program Application

Student Information

Student Name	Social Security #	Birth Date	Age	Marital Status

Student Address (Street, City, State and Zip Code)

Responsible Party's Name	Social Security #	Birth Date	Age	Relationship to Student

Dependent Name(s)	Age(s)	Dependent Name(s)	Age(s)

Student's Employer Information

Spouse's/ Responsible Party's Employer

Name:		Name:	
Street:		Street:	
City, State, Zip:		City, State, Zip:	
Job Title		Job Title	
# of Years Worked:		# of Years Worked:	
Work Phone #:		Work Phone #:	

Income

Income Source - Employment	Hours Worked Per Week	Hourly Wage or Salary
Student		\$
Spouce/Repsonsible Party		\$

Income Source - Other	Gross Monthly Income
Student	\$
Spouce/Repsonsible Party	\$
Working Children	\$
Social Security	\$
Pension(s)	\$
Child Support	\$
SSI/SSDI	\$
Unemployment	\$
Other Income (Commissions, tips, rental property, farm or interest income.	\$
Total Monthly Gross Income	\$
Annual Gross Income (multiply Total Monthly Gross Income by 12)	\$

I certify that my annual gross household income for the last year was \$ _____ and that there are _____ many people in my family.

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Banking Information

Name of Bank	Type of Account	Account Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$

Property Owned

	Yes/ No	Property Location	Approx Value \$
Home			\$
Rental Property			\$
Farm Land			\$
Other			\$
	Yes/No	Make/Model/Year	Approx Value \$
Vehicle #1			\$
Vehicle #2			\$

Total Approx Value of Property Owned \$ _____

Expenses

	Monthly Payment	Payment Made To	Total Amount Due
Rent/Mortgage	\$		\$
Car Loans	\$		\$
	\$		\$
Hospital Bills	\$		\$
	\$		\$
	\$		\$
Doctor Bills	\$		\$
	\$		\$
	\$		\$
Health Insurance	\$		\$
Medications	\$		\$
Gas/Electric	\$		\$
Telephone/Cell	\$		\$
Cable/Satellite	\$		\$
Groceries	\$		\$
Credit Card	\$		\$
Total Monthly Expenses \$ _____		Total Amount Due \$ _____	

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Have you applied for Medicaid and/or any other state/county assistance? ____ Yes ____ No

Application Date	Program(s) Applied For:
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Program Application. These items include: Pay Stubs, W-2 Form, Social Security Information, Tax Forms, and Bank Statements.