



St. John's College
Department of Nursing

Payment Calculation Sheet

CHARGES:

Tuition & Fees _____
Graduation Fee _____
Miscellaneous Charges _____

Total Charges _____

Please refer to the Award Letter you received from the Financial Aid Office to determine your Financial Aid and Scholarships.

CREDITS:

Payments _____
Financial Aid _____
Pell Grant _____
SEOG _____
MAP _____
St. John's Hospital
Scholarship/Loan _____
SJC Scholarship _____
Private Scholarships _____
Sub Loan _____
Unsub Loan _____
Plus Loan _____
WIA _____
Other _____

Total Credits _____

TOTAL CHARGES: \$ _____

MINUS TOTAL CREDITS: - _____

BALANCE DUE: \$ _____

Divide BALANCE DUE by 4 to determine monthly payment. **MONTHLY PAYMENT** \$ _____