

St. John's University Office of Student Financial Services Farm Supplement

Student Name:	ID Number X
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Upload form to our processing center at https://sftp.databankimx.com/form/StJohnsFinancialServicesDocumentSubmission Or mail to: St. John's University, P.O. Box 548, Randolph, MA 02368-0548

Please do not submit originals of any suppor	ting docume.	ntation. Originals car	nnot be returned.
According to the tax return transcript subm as they pertain to (please check one):	itted, you ha	ve a farm. Complete	e all questions listed b
[] Parent's farm	[]	Student's farm (and	spouses if applicable)
Farm Information - Please attach a copy of So	chedule F of f	ederal tax return tra	nscript.
1. Name of Farm:	Date	Farm Commenced: _	//
2. Type of Farm: ☐ Sole Proprietorship ☐	Partnership	☐ Corporation	
3. If Partnership, provide the percentage of	ownership: _	%	
4. Provide principal product/service:			
5. Farm Address:(Street Address))	(State)	(Zip)
Current value of farm (if sold): \$			
Current farm debt only: \$			
Form must be signed by student, spouse if a	pplicable, and	d parents if student is	s dependent.
Student's Signature Date	Spouse's Sig	nature	Date

Student's Signature	Date	Spouse's Signature	Date
Father's Signature	 Date	Mother's Signature	Date