

# Scholarship Budget Information

Please complete this only if it is required by the scholarship criteria.

**Student Budget Information:** Please be thorough in completing all budget information. The information will be given a high priority in the selection of award recipients.

**Carefully** estimate total resources available to you as well as necessary expenses to be incurred during the school year covered by this application.

If you are a **dependent** or an **independent** student, calculate expenses on a 9-month budget. A dependent student would: have lived with parent(s)/guardian(s) for 6 consecutive weeks during the last 12 months; was or will be listed as an exemption on parents' Federal Income Tax Return for the past year; OR student did or will receive \$750 or more in financial assistance from parent(s)/guardian(s) during the past 12 months. If you can answer yes to one of the above criteria, you are a dependent student.

I am: \_\_\_\_\_ an independent student \_\_\_\_\_ Number in household  
 \_\_\_\_\_ a dependent student \_\_\_\_\_ Number in college

APPLICANT'S EXPENSES			APPLICANT'S INCOME	
Tuition Fee	\$		Aid from parents or relatives	\$
Books & Supplies	\$		Earnings while in school	\$
Rent	\$		Applicant's Summer Earnings	\$
Food	\$		Savings to be used in 2009-2010	\$
Transportation	\$		Spouse's Earnings	\$
Utilities	\$		Income Tax Return	\$
Child Care	\$		Veterans Benefits	\$
Alimony	\$		Voc Rehab	\$
Insurance Premiums	\$		Welfare Benefits	\$
Medical/Dental	\$		Scholarship/Grants	\$
Personal Expenses	\$		Child Support	\$
Car Payment (Make & Year)	\$		Interest, Dividends, Savings	\$
Debt Payments – Specify:			Do you own your own home?	
Creditor	Monthly Payment		If yes, value \$	
	\$	\$	Other sources, specify:	
	\$	\$		\$
	\$	\$		\$
<b>TOTAL EXPENSES</b>			<b>TOTAL INCOME</b>	\$

**Comments:** Any additional information which you feel is important to your financial situation.

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Applicant's Statement: I hereby certify that the information submitted herein is true and correct to the best of my knowledge. The information will be kept confidential.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_