



BUDGET PLANNING WORKSHEET

Student Name: _____
LAST FIRST M.I.

Student ID #: _____

MONEY COMING IN EACH MONTH

Total Net Income (Per Month): *Include take-home pay, unemployment benefits, TANF, SSI, disability benefits, bonuses, self-employment income, interest, dividends, assistance from family members, child support received, etc.*

\$

MONEY GOING OUT EACH MONTH**Fixed Expenses:**

Mortgage or Rent

\$

Savings/Investments - Retirement, emergency, mutual funds

\$

Installment Payments - Include auto, credit card payments and loans

\$

Taxes (not withheld by employer) - Property, income, social security

\$

Insurance - Auto, homeowners, life, health

\$

Variable Expenses:

Food - Groceries, restaurants, snacks

\$

Utilities - Gas, electricity, garbage, telephone

\$

Home - Furnishings, maintenance, improvements

\$

Transportation - Gas, fares, parking, maintenance

\$

Clothing & Personal Care - New clothes, dry cleaning, hair cuts

\$

Entertainment/Gifts - Recreation, vacation, gifts

\$

Medical/Dental - Not covered by insurance

\$

Child Care

Miscellaneous: _____

Total Expenses

\$

Surplus (+) or Deficit (-)?

Subtract your estimated expenses from your net income to determine if you have a surplus (extra money +) or a deficit (not enough money to cover expenses -).

Annual
(9 or 12 Months)

Monthly

Income: \$ _____	Income: \$ _____
-Expenses: \$ _____	-Expenses: \$ _____
=(+ or -)\$ _____	=(+ or -)\$ _____



Are you paying Non-resident Fees? ☐ Yes ☐ No

What is your educational goal? (Financial Aid will fund only one objective.)

CHECK ONLY ONE: ☐ Certificate ☐ Associate Degree ☐ Transfer ☐ Associate Degree Transfer

Are you currently enrolled in a Health Science Program?

☐ Yes. Please list major _____

☐ No. Please list major _____

Please explain any extenuating financial circumstances you would like us to consider:

Student Signature

Date

Financial Aid Office Use Only:

- ☐ Discussed with the student about their plans to repay these loans based on their educational goal.
- ☐ Approved for maximum eligible loan amount.
- ☐ Approved for loan amount requested of \$_____.
- ☐ Approved for adjusted loan amount using Professional Judgment for \$_____.
(Letter sent on :_____)
- ☐ Denied loan certification using Professional Judgment.
(Letter sent on :_____)

Financial Aid Signature: _____ Date: _____