



***Student's Monthly Expenses
(for Budget Adjustments)***

Please complete and return to your Financial Aid Advisor. **Include supporting documentation for each item listed. No adjustment can be made without documentation.** This budget is based on a nine (9) month academic school year.

Student Name

Student ID Number

Student Email

Student Telephone Number

- Monthly Rent \$ _____ **(include lease agreement)**
- Utilities – Gas \$ _____
- Electric \$ _____ **(include utility bills)**
- Water \$ _____
- Phone \$ _____ **(include phone bill)**
- Cable/Internet \$ _____ **(include cable/internet bill)**
- Food \$ _____ **(estimate 1 month food/supplies)**
- Cell Phone \$ _____ **(include cell phone bill)**
- Car Insurance \$ _____ **(document only if you pay/include statement)**
- Health Insurance \$ _____ **(document only if you pay/include statement)**
- Other \$ _____ **(documentation needed)**
- Other \$ _____ **(documentation needed)**

TOTAL \$ _____

(Car payments/credit card payments not eligible)

Student Signature

Date

Parent Signature (if applicable)

Date