

## Vermont Technical College Student/Spouse Monthly Expense Form

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Social Security Number

Either you have indicated or we believe that your living expenses differ from the allowances determined by our office. Please provide us with your actual monthly expenses, so that we may assess or reassess your financial aid file. After we review this information, we will inform you in writing of the outcome with an initial or revised award letter.

**Please circle** the particular enrollment periods when you will be attending classes between 01/01/2009 – 06/30/2010.

**Summer I**

**Fall 2009**

**Spring 2010**

**Summer II**

Please list your **monthly** expenses for the following items:

Rent/Mortgage Payment	\$ _____
Electricity	\$ _____
Heat	\$ _____
Telephone	\$ _____
Food/Household Supplies	\$ _____
Medical/Dental	\$ _____
Transportation	\$ _____
Child Care	\$ _____
Other (Explain Below)	\$ _____
<b>Total</b>	<b>\$ _____</b>

Explanation of Other Expenses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

Please return this completed form to:

Financial Aid Office  
 Vermont Technical College  
 P.O. Box 500  
 Randolph Center, VT 05061