

Student/Spouse Monthly Expense Form

Student Name (please print)

Student ID#

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. We will take into consideration educational related expenses only... (*prior credit card debt is not an educationally related expenses*) 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 for the 2020-2021 academic year.

Summer I

Fall 2021

Spring 2022

Summer II

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

Rent/Mortgage Payment	\$ _____
Electricity	\$ _____
Heat	\$ _____
Telephone	\$ _____
Food/Household Supplies	\$ _____
Medical/Dental	\$ _____
Child Care Expenses (Not covered by state or other funding)	\$ _____
Other Educational Expenses Only, computer etc...(Explain Below)	\$ _____
Total	\$ _____

Travel Expenses: How many miles per day do you travel round trip for school? _____

Number of days per week? _____

If you are applying for an alternative loan to help cover living expenses, how much are you requesting to borrow? _\$_____.

Explanation of Other Educational Expenses:

Student Signature

Date

Spouse Signature

Date