

MONTHLY EXPENSE FORM

TFC LOW

Key Student Services/Financial Aid Tel: 800 965 8790 PO Box 500 URL: vtc.edu Randolph Center, Vermont 05061

Email: finaid@vtc.edu

Student/Spouse Monthly Expense Form

Student Name (please print)		Student ID#		
Either you have indicated or we by our office. Please provide us your financial aid file. We will tal card debt is not an educationally in writing of the outcome with ar	with your actual r ke into considerat y related expense	monthly expenses, so tion educational relate es) After we review this	that we may assess or reassed expenses only(prior credit	SS
Please circle the particular enroacademic year.	ollment periods w	hen you will be attend	ing classes for the 2022-2023	
Summer I	Fall 2022	Spring 2023	Summer II	
Please list your monthly expen	ses for the followi	ng 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 Number of days per If you are applying for an alternative loan to help cover living expenses to borrow? _\$			veek?	9
Explanation of Other Education	al Expenses:			
Student Signature			Date	
Spouse Signature			Date	