

FINANCIAL INFORMATION

IMPORTANT: Please save this file to your computer and reopen the form before you start entering your information. Before submitting the form, please reopen it and ensure the information is complete.

RESOURCES/ASSETS—Please complete to the best of your ability

In the following table, enter the amount of resources and funds that you have over the current semester and the two previous semesters (do not include summer). If you do not receive any funds/resources from a source listed below, enter "0" (zero).

Note: The amounts in this section should be for your total assets in a SEMESTER	CURRENT SEMESTER		PREVIOUS SEMESTER 1		PREVIOUS SEMESTER 2	
	Semester	Year	Semester	Year	Semester	Year
Your income after taxes (if applicable)						
Loans						
Grants, Scholarships, Fellowships (list graduate assistantships as income)						
Personal Savings						
Aid from parents, guardian, relatives or friends (if any)						
Investment/Money Market Accounts (parents, spouse and self, if any)						
Spouse's income after taxes (if any)						
Spouse's Savings (if any)						
TOTALS per semester						

LIVING EXPENSES—Please complete to the best of your ability

List your actual expenses for a semester. Do not include the cost of tuition, fees and health insurance; enter an amount or zero (0) in each space.

Note: There are approximately four months in a semester.	CURRENT SEMESTER		PREVIOUS SEMESTER 1		PREVIOUS SEMESTER 2	
	Semester	Year	Semester	Year	Semester	Year
Rent						
Food (groceries)						
Utilities (heat, electricity, gas)						
Child (child care, clothing, etc.)						
Phone						
High Speed Internet						
Cable TV						
Car (payment, gas, maintenance and insurance)						
Credit Card Payments						
Entertainment, including restaurants						
Clothing						
Miscellaneous (personal maintenance)						
TOTALS per semester						

ADDITIONAL EXPENSES if applicable—Please complete to the best of your ability

Note: There are approximately four months in a semester.	CURRENT SEMESTER	PREVIOUS SEMESTER 1	PREVIOUS SEMESTER 2
	_____ Semester _____ Year	_____ Semester _____ Year	_____ Semester _____ Year
Medical Expenses (prescription medications, treatments not covered through insurance, etc.)			
Dental Expenses			
Professional Development Activities (conference attendance, workshops, etc.)			
TOTALS per semester			

Do you have any additional expenses to support family members such as parents, guardians, siblings, or other relations?

Use this space if you would like to share more information

Your name _____ Your x500 _____

Thank you for completing this worksheet. We will contact you with any questions.