

Budget Planning Worksheet

This budget is for ___ months (budgets are generally for 9 or 12 months)

ESTIMATED EXPENSES	MONTHLY AMOUNT	YEARLY AMOUNT	ESTIMATED RESOURCES & INCOME	MONTHLY AMOUNT	YEARLY AMOUNT
EDUCATION			FAMILY CONTRIBUTION		
TUITION			YOUR PARENTS		
BOOKS			YOU		
FEES			FRIENDS/RELATIVES		
SUPPLIES					
			FINANCIAL ASSISTANCE		
HOUSING			SUMMER JOB SAVINGS		
DORMITORY/RENT			OTHER SAVINGS		
UTILITIES					
TELEPHONE			NON-TAXABLE INCOME		
			AFDC		
FOOD			VETERANS BENEFITS		
BOARD PLAN			SOCIAL SECURITY		
PERSONAL			OTHER		
TRANSPORTATION			FINANCIAL AID GRANTS		
BUS/TRAIN/AIR			FEDERAL PELL GRANT		
COMMUTING			FSEOG		
CAR REPAIR/INSURANCE			STATE GRANT		
			INSTITUTIONAL GRANT		
HEALTH			FEDERAL DIRECT LOANS		
INSURANCE			SUBSIDIZED STAFFORD/FORD		
DOCTORS			UNSUBSIDIZED STAFFORD/FORD		
PRESCRIPTIONS					
			LOANS		
PERSONAL/MISCELLANEOUS			FEDERAL PERKINS		
LAUNDRY/CLEANING			INSTITUTIONAL		
DRUG STORE ITEMS			STATE		
			OTHER		
ENTERTAINMENT			SCHOLARSHIPS		
MOVIES/CONCERTS			INSTITUTIONAL		
OTHER			PRIVATE		
IN-SCHOOL INTEREST PAYMENTS			EMPLOYMENT		
DIRECT UNSUBSIDIZED LOAN			FEDERAL WORK-STUDY		
			INSTITUTIONAL		
DEPENDENT CARE			CO-OP EDUCATION		
EMERGENCIES			OFF-CAMPUS		
OTHER			OTHER INCOME/RESOURCES		
TOTAL EXPENSES			TOTAL RESOURCES		

(YOUR TOTAL RESOURCES MINUS YOUR TOTAL EXPENSES) = YOUR BALANCE _____