UI LGBTQA Office

Scholarship Application Budget Form

This form is provided to help you organize your estimated monthly income and expenses. For items that do not apply to you, please enter "n/a" (not applicable). It is important that you provide as much information as possible so the LGBTQA Office can fully consider your application. Incomplete applications may not receive full consideration and, in some cases, may be rejected. Please be aware that proof of expenses may be requested.

Name of Applicant:	
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ESTIMATED MONTHLY INCOME		
Aid from Parents or Relatives	\$	
Aid from Partner or Spouse	\$	
Loans	\$	
Scholarships/Awards	\$	
Grants	\$	
Interest from Savings/Investments	\$	
Work-related Income (After Taxes)		
Job 1:	\$	
Job 2:	\$	
Job 3:	\$	
Other Income Please Specify		
Other 1:		
Other 2:		
Other 3:		
TOTAL MONTHLY INCOME	\$	

ESTIMATED MONTHLY EXPENSES		
Tuition and Fees	\$	
Books and Supplies	\$	
Rent	\$	
Food	\$	
Insurance/Medical/Dental/Optical/Presc.	\$	
Transportation		
Car payment	\$	
Gas	\$	
Insurance	\$	
Parking	\$	
Other:	\$	
Utilities		
Electric	\$	
Gas	\$	
Water	\$	
Cable	\$	
Phone (including cell phone)	\$	
Internet	\$	
Other:	\$	
Miscellaneous		
Laundry	\$	
Clothes	\$	
Other:	\$	
Debt Payments Please Specify		
Creditor 1:	\$	
Creditor 2:	\$	
Creditor 3:	\$	
Other Expenses Please Specify		
Expense 1:	\$	
Expense 2:	\$	
Expense 3:	\$	
TOTAL MONTHLY EXPENSES	\$	