

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: _____

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	\$