

Name: _____

Date: _____

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 _____					