



Office of Financial Aid, 62 Alumni Drive
Castleton, VT 05735
802.468.6070
Fax 802.468.5237

2008-2009 SUPPLEMENTAL BUDGET FORM

NAME (please print) ID#

Mailing Address

Campus Box # Telephone

Please state reason you are completing this supplemental budget form. The financial aid office is using professional judgment in considering your estimated expenses instead of our standard budget. Please be prepared to verify these estimates. This is a document that could be audited by the Department of Education.

I intend to enroll for credits for the fall semester and credits for the spring.

I will be a freshman sophomore junior senior Graduate Student

I am in an Associate Degree Program a Bachelor's Degree Program Masters Program

I will be living On Campus Off Campus With Parents

I am requesting additional eligibility for: Work Study Stafford Loan Alternative Loan

How much additional money do you need

Complete the following budget using the expenses you expect you will have during the time you are enrolled. If you will share an apartment, please list only your share of the expenses. Explain and itemize any unusual expenses on the back of this form.

PLEASE TAKE THE TIME TO BE AS ACCURATE AS YOU CAN WITH YOUR EXPENSES.

PLEASE CHECK ONE:

Budget is for 9 months? Budget is for 4 1/2 months?

Table with 2 columns of expense categories and their corresponding blank lines for input. Categories include Tuition, Fees, Books/Supplies, Room Expenses (rent, heat, electric, phone, internet), Board (Food), Travel Expenses (car payment, gas, upkeep, insurance), and Miscellaneous Expenses (medical, other).

TOTAL EXPENSES FROM ABOVE:

I certify that the information contained on this form is true and accurate to the best of my knowledge. I agree to provide documentation of expenses listed above if requested.

Student Signature Date