**Student Name :**

**Prior to submission, please ensure that the file is saved as (ApplicantFirstName,LastName\_Budget)**

|  |  |
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| **Appendix A – Budget Template** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| This budget template will allow you to track your income/resources (money coming in) and your expenses (money going out), to determine if you are able to meet your financial goals and obligations. |  |
|  |
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|  |
| **Budget (for one academic year)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Expenses for one month** |  |  |  | **Financial Resources (For one academic year)** |  |
|  |  |  |  | $ |  |  |  |  |  | $ |  |
| Rent |  |  |  |   |  | Savings at the beginning of school year |   |  |
| Utilities |  |  |  |  |  | Part-time earnings during school year |   |  |
| Telephone |  |  |   |  | Contribution of parents/family |  |   |  |
| Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  | Canada Student Loan program |  |   |  |
| Food |  |  |  |   |  | Provincial Student Loan program |   |  |
| Pers./Household supplies |  |   |  | Academic Awards: Bursaries |  |   |  |
| Transportation |  |  |   |  | Academic Awards: Scholarships |  |   |  |
| Medical/Dental (uninsured only) |  |   |  |  |  |  |  |  |  |
| Eye glasses/contacts (uninsured only) |   |  |  |  |  |  |  |  |
| Clothing |  |  |  |   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Total expenses for one month | $ |   |  | Total Financial Resources | $ |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |  |
| Total expenses for one month | $ |   | *Multiplied* by # months in academic year | $ |   |  |
|   |  |  |  |  | *Add* | tuition fees for one year | $ |   |  |
|   |  |  |  |  | *Add* | books/equipment for one year | $ |   |  |
|

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| --- |
|  |

 |  |  |  |  |  | **Total expenses** |  | **$** |  |  |
|   |  |  |  |  |  |  |  |  |  |   |  |
| **Total expenses** |  | **$** |  | ***Less*** | **Total Financial Resources** | **equals $** |  |  |
|   |   |   |   |   |   |   |   |   |   |   |  |
| Declaration of Applicant:  |  |
| 󠇑 I certify that to the best of my knowledge the above information is true and correct, and that I require additional funds for my studies. |  |  |
| Date (MM/DD/YYYY): \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |