

General Budget Form for Academic Year

First Name: _____ Last Name: _____

Student Number: _____ Academic Year: _____

Expenses:	Per Month(A):	No. Of Months In Current Academic Year (B) :	Total (A X B)
Annual Tuition Fees			
Annual Books And Supplies			
Rent/ Housing/ Mortgage			
Groceries / Meals			
Hydro, Water, Heat			
Telephone, Cable, Internet			
Transportation (Train, Bus, Etc.)			
Car Expenses (Fuel, Oil, Etc.)			
Car Insurance And Maintenance			
Child Care			
Medical, Dental			
Entertainment			
Visits Home			
Other (Please Explain)			
Total Expenses:			\$

Income: (ALL AMOUNTS FOR THE CURRENT ACADEMIC YEAR)	Per Month(A):	No. Of Months In Current Academic Year (B) :	Total (A X B)
OSAP			
Student line of credit or private bank loan			
Scholarships or bursaries			
Part-time net earnings			
Parental or spousal assistance			
Provincial or federal government income (e.i., wsib, etc.)			
Total Income:			\$
Total Financial Need (Income-Expenses):			\$

I verify that the above represents information that is true and accurate to the best of my knowledge. I understand that the Office of the Registrar & Financial Aid Office may request supporting documentation to substantiate any of the income or expenses that I have indicated above.

Signature: _____ Date: _____