ITEMIZED INCOME AND EXPENSE FORM

Itemized income and expense form must be completed and returned with you Scholarship Application.

(Some items listed might not be considered in your total expenses.)

INCOME SOURCES

Wages/Salary	$
Social Security	$
State OSIP	$
TANF	$
Unemployment	$
Child Support	$
Dividends/Interest	$
Alimony	$
Veterans Benefits	$
Food Stamps	$
School Loans/Grants	$
Other (list)	$
TOTAL	**$**

TOTAL INCOME **$**

Less Expenses **$**

BALANCE **$**

FLEXIBLE EXPENSES

Childcare (Out Of Pocket)	$
Electric	$
Water	$
Sewer	$
Primary Phone (1 only)	$
Gas (in home)	$
Gasoline	$
Medical (Out Of Pocket)	$
Dental (Out Of Pocket)	$
Prescriptions (Out Of Pocket)	$
Food	$
	$
TOTAL:	**$**

(during working times only)

$30 Max,

(Basic service only, no allowance for long distance or extra services.)

(To and from work only)

FIXED EXPENSES

Rent/Mortgage	$
Insurance Payments	
Auto	$
Life	$
Property	$
Medical	$
Other (list)	$
Other (list)	$
TOTAL:	