

**FOUNDER REGION
FELLOWSHIP**



Estimated **Monthly** Expenses
and Income for Final Year
(Use of this form is mandatory)

EDUCATIONAL EXPENSES

Include tuition, mandatory fees,
books, supplies, online services,
health insurance if required, etc. \$ _____

HOUSING

Include room, board, mortgage,
utilities, phone, water, sewage,
association fees, etc. \$ _____

FOOD

Groceries, dining out, campus
meal plan, beverages, etc. \$ _____

PERSONAL EXPENSES

Laundry, clothes, personal care,
entertainment, recreation, insur-
ance, memberships, etc. \$ _____

TRANSPORTATION

Car payments, gas/oil, public
transportation, normal car main-
tenance, insurance, etc. \$ _____

CHILD CARE/SPECIAL NEEDS \$ _____

MISCELLANEOUS OTHER \$ _____

Please explain on reverse side

INCOME

Wages and tips less
taxes and deductions \$ _____

Financial Aid from
institution including
federal student loans \$ _____

Stipends, Fellowships \$ _____

Support from spouse \$ _____

Support from parents \$ _____

Other income \$ _____

Please list or explain:

Total Monthly Expenditures \$ **Minus Total Monthly Income** \$ **Balance** \$

I certify that the signature provided on this statement is true and correct as of the date set forth opposite my signature.

Signature: _____ Date: _____