

Sisseton Wahpeton Oyate
Higher Education Program Application
Financial Aid Budget Form

To Be Completed By Student

Name: _____ SSN: _____

Address: _____

Year in College: _____ Major: _____

Marital Status: _____ No. of Dependents: _____

Monthly Expenses

Rent/Mortgage: \$ _____

Utilities: \$ _____

Heating/
Cooling: \$ _____

Vehicle Pmnt: \$ _____

Vehicle Ins. \$ _____

Child Care: \$ _____

Misc: \$ _____

Total Monthly Expenses: \$ _____

Cost of Attendance

Tuition: \$ _____

Fees: \$ _____

Books: \$ _____

Room/Board: \$ _____

Misc: \$ _____

Total: \$ _____

Signature: _____ Date: _____