Sisseton-Wahpeton Oyate Higher Education Program
Financial Budget Form

To Be Completed by Student

Name: ____________________________________________ SSN: ________________________________
Address: ________________________________________ (circle one) High school or GED Year________
Year in College: ____________________________ Major: ______________________________________
Marital Status: ______________________________ No. of Dependents: ______ (circle one) Veteran: Y or N
Are you eligible for Federal Awards during this academic year? Y or N Scholarships? Y or N

The Higher Education Program will determine the eligibility amount at the end of each term based on credit hours earned.

Monthly Expenses: Cost of Attendance: (per semester)
Rent/Mortgage: $__________ Tuition per single credit: $__________
Utilities: $__________ Fees: $__________
Heating/ Cooling: $__________ Books: $__________
Vehicle Pmnt: $__________ Room/Board: $__________
Vehicle Ins. $__________ Misc: $__________
(*COA Miscellaneous-school related expenses not listed above)
Child Care: $__________
Misc: $__________
(*ME Miscellaneous-personal expenses paid on a monthly basis: cellphone, groceries, etc.)

Total Monthly Expenses: $__________ Total: $__________

Signature: ____________________________ Date: ____________________________

OFFICE USE ONLY:

Academic Year: Undergraduate Graduate Accreditation Agency: __________________________
Accreditation Dates: ______________________ Internal/Information Request: __________________
Total: __________________________ Date Modified: ____________________________

Updated: 7/18/2022