

**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

Were 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 credit: \$ _____

Utilities: \$ _____

Fees: \$ _____

Heating/
Cooling: \$ _____

Books: \$ _____

Vehicle Pmnt: \$ _____

Room/Board: \$ _____

Vehicle Ins. \$ _____

Misc: \$ _____

Child Care: \$ _____

Misc: \$ _____

Total Monthly Expenses: \$ _____

Total: \$ _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Academic Year: _____ Undergraduate _____ Graduate _____ Accreditation Agency: _____

Accreditation Dates: _____ Internal/Information Request: _____

Date of Request: _____ Date Modified: _____