

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

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

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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: \$ \_\_\_\_\_

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: \_\_\_\_\_