

Sisseton Wahpeton Oyate  
Higher Education Program Application-  
Financial Aid Budget Form

**To Be Completed By Student**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ HS/GED \_\_\_\_\_ Year \_\_\_\_\_

Year in College: \_\_\_\_\_ Major: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

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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 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 \_\_\_\_\_