

# Monthly Budget Sheet

2007-08

Return to: **Office of Financial Aid & Scholarships**  
**California State University, Bakersfield**  
 48 SA  
 9001 Stockdale Highway - Bakersfield, CA 93311-1022  
 Telephone: (661)654-3016 FAX: (661)654-6800  
 Web: <http://www.csub.edu/finaid> E-Mail: [finaid@csub.edu](mailto:finaid@csub.edu)



Financial Aid Applicant Information:

Student Name: \_\_\_\_\_ (Please Print) CSUB Id: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial aid applicants must complete this budget sheet and attach receipts when requesting an increase in monies awarded for either a student loan or student work-study, or when an applicant intends to avoid a decrease in a loan amount or work-study amount if they receive a scholarship or other resources AFTER they receive their first offer of financial aid.

Source of Expense	Monthly Amount
Rent / Mortgage	\$
Books and Supplies	
Transportation (gas and/or bus fare)	
Medical Expenses (not covered by insurance)	
Dental Expenses (not covered by insurance)	
Optical Expenses (not covered by insurance)	
Auto Repair (for the car used to travel to/from school)	
Child Care Expenses	
Private K-12 School Tuition	
Computer Purchase (for the student)	
Other (please list below)	
<b>Total</b>	\$

***Receipts Must Be Attached***

Above signature certifies that all information reported on this form, and any attachments hereto, are true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **Signature is required.**