

Monthly Budget Sheet

2009-10

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@csb.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)	
Total	\$

Receipts Must Be Attached

Your 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.**