

SOROPTIMIST FOUNDER REGION FELLOWSHIP APPLICATION

Estimated Average **MONTHLY** Expenses and Income for Final Year

(Use of this form is mandatory)



TIPS: ROUND FIGURES TO THE CLOSEST DOLLAR. PRESS TAB TO ADVANCE BETWEEN FIELDS

SYMBOLS & PUNCTUATION ARE UNNECESSARY, THE FORM WILL INSERT THEM FOR YOU. (e.g., if you enter, 10251, it is formatted as \$10,251)

MONTHLY EXPENSES

EDUCATIONAL EXPENSES

Include tuition, mandatory fees, books, supplies, online services, health insurance if required, etc.

HOUSING

Include room, board, mortgage, utilities, phone, water, sewage, association fees, etc.

FOOD

Groceries, dining out, campus meal plan, beverages, etc.

PERSONAL EXPENSES

Laundry, clothes, personal care, entertainment, recreation, insurance, memberships, etc.

TRANSPORTATION

Car payments, gas/oil, public transportation, normal car maintenance, insurance, etc.

CHILD CARE / SPECIAL NEEDS

MISCELLANEOUS OTHER

Please explain on next page

Total Monthly Expenditures

MONTHLY INCOME

Wages and tips less taxes and deductions

Financial Aid from institution including federal student loans

Stipends, Fellowships

Support from spouse

Support from parents

Other Income

Please list or explain:

Minus Total Monthly Income

Balance

I certify that the information provided on this statement is true and correct as of the date set forth opposite my signature.

Signature: _____

Date: _____

Name: _____

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MISCELLANEOUS OTHER

Please explain below: