Name:_____

Address:_____

_____

American Indian Student Services
Budget Appeal Form

Fall/Spring Session **Date:**_____

SS#_____**Peoplesoft ID#**_____

Email:_____

Phone# _____

Expenses	Aug	Sept	Oct	Nov	Dec	Fall Total	Jan	Feb	Mar	Apr	May	Spring Total	Academic Year Total
Tuition and Fees													
Books													
School Supplies													
Room and Board													
Clothing													
Toiletries													
Entertainment													
Phone													
Cell Phone													
Prescriptions													
Medical Expenses													
Health Insurance													
Rent													
Utilities													
Food													
Household Items													
Child Care/Child Support													
Trips Home													
Gas													
Car Payments													
Car Insurance													
Car Maintenance													
Parking Fee													
Other Transportation													
Loans													
Other Payments													
Other Expenses													
TOTAL													