

**Office of Financial Aid**

1400 East Hanna Avenue  
Indianapolis, Indiana 46227-3697  
Phone: (317) 788-3217 | Fax: (317) 788-6136  
<http://financialaid.uindy.edu>

Because financial aid eligibility is determined by the difference between the cost of a student's attendance at the University of Indianapolis and the resources available to meet those costs, certain additional allowances in the student's cost-of-attendance budget are available to those who qualify. The following is a worksheet to help determine what costs you will have while attending the University of Indianapolis. Please answer accurately and honestly the questions that apply. **Please report zero (0) when appropriate. Budget will not be reviewed without appropriate documentation submitted.** Submission of an appeal for a budget increase does not constitute approval for the increase. Students should not expect to receive gift aid such as grants and scholarships to support the budget increase. Generally, loans and college work study are awarded or adjusted to cover the increase in expenses. Submit documentation as requested below.

Student Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the enrollment period to be considered?  Academic Year August–May  Semester I Only August–December  Semester II Only January–May  Summer May–August

**Student Expense Budget**

Tuition will be based on your actual charges.

**Books & Supplies**

Include costs for books, rental or purchase of any equipment, periodicals, materials, or supplies required of all students within your course of study (e.g., nursing uniforms, stethoscope, etc.).  
*Please submit copies of all bookstore receipts.*

\$ \_\_\_\_\_

**Living Expenses**

Rent/mortgage payment *(Please provide a copy of lease/mortgage agreement showing amount of monthly payment.)* \$ \_\_\_\_\_ per month  
 Food \$ \_\_\_\_\_ per month  
 Utilities *(Do not include installation charges. Please provide a copy of most recent bill for each.)*  
     Electric \$ \_\_\_\_\_ per month  
     Gas \$ \_\_\_\_\_ per month  
     Water/sewer \$ \_\_\_\_\_ per month  
     Trash pickup \$ \_\_\_\_\_ per month  
     Phone \$ \_\_\_\_\_ per month

**Transportation**

Car payment *(Please provide a copy of most recent bill showing amount of monthly payment.)* \$ \_\_\_\_\_ per month  
 Maintenance \$ \_\_\_\_\_ per month  
 License plates *(Please provide a copy of registration receipt.)* \$ \_\_\_\_\_ per month  
 Car insurance *(Please provide a copy of most recent bill showing amount of monthly payment.)* \$ \_\_\_\_\_ per month  
 Gas \$ \_\_\_\_\_ per month

**Personal Expenses**

Clothing purchases/laundry & dry-cleaning \$ \_\_\_\_\_ per month  
 Personal hygiene/grooming \$ \_\_\_\_\_ per month  
 Recreation/entertainment \$ \_\_\_\_\_ per month  
 Health insurance (medical, dental, vision) \$ \_\_\_\_\_ per month  
 Life insurance \$ \_\_\_\_\_ per month  
 Homeowner's/rental insurance \$ \_\_\_\_\_ per month  
*(Please provide a copy of most recent bill showing amount of monthly payments for health, life & homeowner's/rental insurance.)*

**Dependent Care**

Include actual expenses incurred for dependent care (children, elderly or disabled adults) during class time, study time, fieldwork, internships, and commuting time. *(Please provide proof of monthly payment.)*

\$ \_\_\_\_\_ per month

Costs noted are for how many dependents? \_\_\_\_\_

*Please note names and ages of dependents:*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Disabilities**

*Include expenses related to your disability.*

Special services

\$ \_\_\_\_\_ per month

Personal assistance

\$ \_\_\_\_\_ per month

Transportation

\$ \_\_\_\_\_ per month

Equipment

\$ \_\_\_\_\_ per month

Supplies

\$ \_\_\_\_\_ per month

**Other** *(Provide proof of expenses)*

**Do not include consumer debt for credit cards, personal loans, etc.**

Type of expense \_\_\_\_\_

\$ \_\_\_\_\_

Type of expense \_\_\_\_\_

\$ \_\_\_\_\_

Return this form and any required documentation to University of Indianapolis, Office of Financial Aid, 1400 East Hanna Avenue, Indianapolis, IN 46227-3697. By signing this worksheet, you agree that the information provided is accurate to the best of your ability. *Please note that budget will not be revised without required documentation submitted.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only			
	Semester I	Semester II	Comments / Notes
<b>Total tuition:</b>	\$		
<b>Total books:</b>	\$		
<b>Total room and board:</b>	\$		
<b>Total transportation:</b>	\$		
<b>Total personal expenses:</b>	\$		Note: Please remember to change budget
<b>Other:</b>			accordingly in Banner and note the recalculated
<b>Dependent care:</b>	\$		need figure here: \$
<b>Disabilities:</b>	\$		(for revised award period per page 1)
<b>Other:</b>	\$		