

ITEMIZED INCOME AND EXPENSE FORM								
<i>Itemized income and expense form must be completed and returned with you Scholarship Application.</i>								
(Some items listed might not be considered in your total expenses.)								
INCOME SOURCES								
	Wages/Salary		\$					
	Social Security		\$					
	State OSIP		\$					
	TANF		\$					
	Unemployment		\$					
	Child Support		\$					
	Dividends/Interest		\$					
	Alimony		\$			TOTAL INCOME	\$	
	Veterans Benefits		\$			Less Expenses	\$	
	Food Stamps		\$			BALANCE	\$	
	School Loans/Grants		\$					
	Other (list)		\$					
		TOTAL	\$					
FLEXIBLE EXPENSES								
	Childcare (Out Of Pocket)		\$			(during working times only)		
	Electric		\$					
	Water		\$					
	Sewer		\$					
\$30 Max,	Primary Phone (1 only)		\$			(Basic service only, no allowance for long distance or extra services.)		
	Gas (in home)		\$					
	Gasoline		\$			(To and from work only)		
	Medical (Out Of Pocket)		\$					
	Dental (Out Of Pocket)		\$					
	Prescriptions (Out Of Pocket)		\$					
	Food		\$					
			\$					
		TOTAL:	\$					
FIXED EXPENSES								
	Rent/Mortgage		\$					
	Insurance Payments							
	Auto		\$					
	Life		\$					
	Property		\$					
	Medical		\$					
	Other (list)		\$					
	Other (list)		\$					
		TOTAL:						

