

STUDENT FINANCIAL WORKSHEET
 Energy Assistance Unit
 Onondaga County Department of Social Services
 (315) 435-8295
 FAX: (315) 435-8544 & 435-2735

Student Name: _____ SS# _____

School: _____ Semester _____

Date(s) Semester Begins & Ends _____ to _____

Signature of Authorized Representative _____

Phone _____

Date _____

EXPENSES: (For the Semester Listed Above)

Tuition: _____ Mandatory Fees: _____

Lab Fees: _____ Books: _____

*Special Required Expenses \$ _____

***Includes, but not limited to mandated equipment, i.e., tools, uniforms.**

TOTAL Expenses: \$ _____

INCOME:

Grant/Loan Source	Amount	**Amount	Date Avail-able	Date Antici-pated	Period Covered

**Subtraction of any insurance or origination fee from the loan is required

Total Received to Date: _____ As of _____
 (Subtract) Total Expenses - _____
 (Equals) Total Surplus = _____
 (Divide) Months in Semester _____
 (Equals) Amount to be Budgeted _____