

Office of Financial Aid
1400 East Hanna Avenue
Indianapolis, IN 46227-3697
Phone: (317) 788-3217 | Fax: (317) 788-6136
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. Your 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: _____ Student ID#: A _____

Date of Birth: _____ Phone _____

Email: _____

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

**A copy of the most recent bill or expense documentation is required per form instructions.*

***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*) \$ _____ per month

 *Electric \$ _____ per month

 *Gas \$ _____ per month

 *Water/sewer \$ _____ per month

 *Trash pickup \$ _____ per month

 *Phone \$ _____ per month

Personal Expenses

Clothing purchases/laundry & dry-cleaning \$ _____ per month

Personal hygiene/grooming \$ _____ per month

*Health insurance (medical, dental, vision) \$ _____ per month

*Life insurance \$ _____ per month

*Homeowner's/rental insurance \$ _____ per month

(Please provide a copy of your most recent bill showing the 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 *(Provide proof of expenses.)*

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, transportation expenses, etc.

*Type of expense _____ \$ _____

*Type of expense _____ \$ _____

Return this form and any required documentation to the University of Indianapolis, Office of Financial Aid, 1400 East Hanna Avenue, Indianapolis, IN 46227-3697. *Please note that your budget will not be revised without required documentation submitted.*

By signing this worksheet, you certify that (1) you are the student and (2) that the information provided is accurate to the best of your ability. (Warning: If you purposely give false or misleading information on this form, under federal law you may be fined \$20,000, be sentenced to jail, or both.)

Student's signature _____ Date _____

For Office Use Only			
	Semester I	Semester II	Comments / Notes
Total tuition:	\$		Reviewed by:
Total books:	\$		Date:
Total room and board:	\$		
Total personal expenses:	\$		Note: Please remember to change budget
Other:			accordingly in Banner and note the recalculated
Dependent care:	\$		need figure here: \$
Disabilities:	\$		(for revised award period per page 1)
Other:	\$		<input type="checkbox"/> Set PJ on RNANAxX if increase(s).
Revised budget total:	\$		<input type="checkbox"/> Set PJ99-Budget increase-on RHACOMM
Add standard transportation:	\$		<input type="checkbox"/> RBAPBUD Updated
Final budget total:	\$		<input type="checkbox"/> BDGT Denied