



# ST. LAWRENCE UNIVERSITY

## Graduate Student Budget Worksheet: 2015-2016

### General Information

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Anticipated

Graduation Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Where did you attend undergraduate school? \_\_\_\_\_

### Educational Plans for 2015-2016

How many courses do you plan to take during the following?

Summer Term 2015: \_\_\_\_\_

Fall 2015: \_\_\_\_\_

Spring 2016: \_\_\_\_\_

### Educational Resources

Will you receive a waiver, employment voucher, or assistantship to assist you with the cost of your graduate studies? \_\_\_\_\_

If so, which benefit will you receive? \_\_\_\_\_

How many courses will the benefit pay for? \_\_\_\_\_

Which semester(s) do you plan on using this benefit? \_\_\_\_\_

### Off-Campus Living Expenses

Do you wish to include off-campus living expenses in your application for student loan assistance? \_\_\_\_\_

Do you need to purchase the St. Lawrence University Student Health Insurance? \_\_\_\_\_

**If yes, please be aware of the off-campus maximum allowances based on your status.**

Check the appropriate budget line, or create your own customized off-campus budget in the space provided below.

	<b>Total Allowance:</b>	<b>Check Here</b>
<b>Single:</b>	\$2,200 per semester	_____
<b>Single-with children:</b>	\$2,800 per semester	_____
<b>Married:</b>	\$3,400 per semester	_____
<b>Married-with children</b>	\$4,000 per semester	_____

### Customized Off-Campus Budget:

Rent: \_\_\_\_\_ per semester

Utilities: \_\_\_\_\_ per semester

Groceries: \_\_\_\_\_ per semester

Daycare: \_\_\_\_\_ per semester

**Total:** \_\_\_\_\_ **(NOTE: this amount cannot exceed the maximum allowed for your category as stated above.)**