

SIERRACANYONSCHOOL

Fostering a Community of Excellence

FAMILY MONTHLY BUDGET FORM

Student's Full Name _____ Entering Grade _____

Form completed by _____ Date _____

Monthly Income:

Father (net) _____ \$ _____

Mother (net) _____ \$ _____

Other _____ \$ _____

TOTAL: \$ _____

Monthly Expenses:

Mortgage/Rent _____ \$ _____

Food _____

Automobiles _____

Tuition _____

Utilities _____

Other monthly expense _____

TOTAL: \$ _____

Please identify your on-going obligations (debt):

Type Of Debt	Total Outstanding Balance
Auto Loans	
Personal Loans	
Business Loans	
Credit Card	
Other	
TOTAL	

Credit Cards: If you carry balances, please indicate the type of expense (cash advances, personal, medical, food, repairs, etc.).

Type Of Expense	Amount
TOTAL	

Fully describe any changes in your family's situation or unusual circumstances.

Is this an isolated or continuing need? _____

Please note additional information that would be helpful to know. _____

You may submit an additional letter of explanation to the Financial Aid Committee.

Please return this form to: Sierra Canyon School
 Business Office
 11052 Independence Avenue
 Chatsworth, CA 91311
 Fax: 818-717-9921