## 2024/2025 School Year Budget Form



Please fill out your anticipated budget for following date range: September 2024 - August 2025. For funding and program cost categories, please enter full amounts for the upcoming school year. For income and living costs categories, please enter monthly amounts and multiple by 12 months for total. If you have inconsistent monthly income (i.e., summer job), please only list the accurate amount under 'Total Income'. If you have any questions, please email us at scholarship@lookingglassbc.com.

Only fill out the rows applicable to you. Please use the 'Notes' space to expand on any 'Other' rows.

| FUNDING   |          | MONTHLY INCOME                       |  |  |
|---|----------|--------------------------------------|--|--|
| Scholarships & Bursaries                        | \$       | Income/Wages                         | \$   |  |
| Student Loans                                   | \$       | Family Allowance / Other             | \$   |  |
| Other   | \$       | Subtotal                             | \$   |  |
| Total Funding (A)                               | \$       | Multiply by 12 months                | \$   |  |
| MONTHLY LIVI                                    | NG COSTS | Total Income (B)                     | \$   |  |
| Rent or Mortgage                                | \$       | PROGRAM COSTS                        |  |  |
| Food, Transportation & Basic Living Necessities | \$       | Tuition Fees                         | \$   |  |
| Utilities                                       | \$       | Books & Supplies                     | \$   |  |
| Loan Payments                                   | \$       | Other                                | \$   |  |
| Medical/Dental                                  | \$       | Total Program Costs (D)              | \$   |  |
| Miscellaneous & Other                           | \$       | TOTALS                               |  |  |
| Subtotal  | \$       | Funding (A) + Income (B)             | E \$   |  |
| Multiply by 12 months                           | \$       | Living Costs (C) + Program Costs (D) | F \$   |  |
| Total Living Costs (C)                          | \$       | Total Need (E - F)                   | \$   |  |
| ADDITIONAL NOTES                                |          | Please use this space for addition   | Please use this space for additional budget notes. |  |
|   |          |                                      |  |  |
|   |          |                                      |  |  |
|   |          |                                      |  |  |

## APPLICANT DECLARATION

I hereby confirm that the information provided in this document is accurate, correct and complete to the best of my ability. (Please check box)