

**Scholarship Budget Sheet: PART II, Sections A, B, C.**  
**A: Student Completes B: Financial Aid Office Completes**  
**C: RED AREAS Scholarship Director Completes**

**SECTION A**

Student \_\_\_\_\_ SS# \_\_\_\_\_ In State  Out State   
 Institution / School \_\_\_\_\_ Full Time  Part Time   
(Name and Address) \_\_\_\_\_ Academic Year: \_\_\_\_\_  
 Academic Calendar:  Quarters  Trimesters  Semesters  Weekend Schedule  Online  Revision

**SECTION B**

Academic Terms	FALL	WINTER	SPRING	SUMMER	TOTAL
Start Dates					
Number of Credits					

**1. SCHOOL COSTS**

Tuition/Fees:					
Books/Supplies:					
Room/Board:					
Transportation:					
Personal exp:					
Total:					

**SECTION C**

**To be completed by Scholarship Director:**

Allowable costs: \_\_\_\_\_

**SECTION B**

**2. RESOURCES**

Student Contribution:					
Parent Contribution:					
Other:					

**3. FINANCIAL AID**

Pell Grant:					
SEOG:					
MN State Grant:					
MN Indian Scholarship:					
College Gift Aid:					
Stafford Loan (Sub):					
Stafford Loan (UnSub):					
Perkins Loan:					
Plus Loan:					
Other:					

**4. BALANCE**

Unmet Need:					
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(Amount to be recommended to the Scholarship Program)

Financial Aid Director/Staff \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C**

**5. SCHOLARSHIP APPROVED:**

Amount: \_\_\_\_\_

Scholarship Director/Staff \_\_\_\_\_ Date: \_\_\_\_\_ Phone: 218-878-2633