STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Health Care Access and Accountability F-16031 (07/08)



STUDENT AID AND EXPENSE WORKSHEET

Use of this worksheet is optional.

N	ame		Social Security Number	_
N	umber of Months Budgeted		Semester	_
To	tal Student Aid Received \$			
Total Allowable Expenses \$				
To	tal Work Study Contract \$			
1.	Enter Total Student Aid		\$	
	Enter Total Expenses	(-)	\$	
3.	Subtract Line 2 from Line 1	(=)	\$	
4.	Prorate line 3 by the number of months budgeted. Budget as unearned income. (If line 3 is less than zero, change the number to a positive and enter it on line 5.)		\$	
5.	Remaining Expenses - If s/he doesn't have work study income, worksheet is complete.		\$	
6.	Enter Work Study Income		\$	
7.	Enter Line 5, Remaining Expenses, if any	(-)	\$	
8.	Line 6 – Line 7 = Income	(=)	\$	
9.	Prorate line 8 by the number of months budgeted. Budget as earned income.		\$	

STUDENT AID AND EXPENSE WORKSHEET

SCHL

F-16031 (07/08)

Student Grants and Loans Worksheet Documentation

Use of this worksheet is optional.

Name				Social Security Number			Number of Months	Semester	
INCOME							<u> </u>		
Source of Student Aid Total Awarded			Date Disbursed		Amount Disbursed		Intended Period of Coverage	Verification Source	Date Verified
	ncome \$			\$					
EXPENSES									
Expense	Amount	Verification Docu	Document		Date		Comments		
Tuition									
Orientation Fees									
Guarantee Fees									
Insurance on Loans									
Uniforms									
Lab Fees									
Equipment									
Books									
Transportation									
Miscellaneous									
Child Care*									
Shelter*									
Total Expenses	\$								

^{*}NOT ALLOWABLE EXCLUSION FROM STUDENT GRANT AND LOAN INCOME