



OFFICE OF FINANCIAL AID

Graduate Student Budget Worksheet: 2024-2025

General Information

Name: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_ Anticipated
Cell: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
E-mail: \_\_\_\_\_

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

Educational Plans for 2024-2025

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

Summer Term 2024: \_\_\_\_\_ Fall 2024: \_\_\_\_\_
Spring 2025: \_\_\_\_\_

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 to use 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.

Table with 3 columns: Category, Total Allowance, Check here. Rows include Single, Single with children, Married, Married with children.

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.)