



# Budget Form

The information you provide on this form will enable you to determine how much funding you need to cover your academic and living expenses during the academic year. Our office encourages you to set and stick to your budget as students who set a budget tend to follow it appropriately. **Please contact the CMSRU Financial Aid Office via phone at (856) 361-2850 or via email at [financialaid@coopermed.rowan.edu](mailto:financialaid@coopermed.rowan.edu) with any questions/concerns.**

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**INCOME:** List your income amount for the entire year

From Savings Account \_\_\_\_\_

From Parents \_\_\_\_\_

From Student Loans \_\_\_\_\_

From Scholarships/Grants \_\_\_\_\_

Miscellaneous Income \_\_\_\_\_

**INCOME SUBTOTAL** (ADD ALL ITEMS) \_\_\_\_\_

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**ACADEMIC EXPENSES:** List the academic expenses that you pay every academic year

Tuition \_\_\_\_\_

Fees \_\_\_\_\_

Books \_\_\_\_\_

Health Insurance \_\_\_\_\_

**ACADEMIC EXPENSES SUBTOTAL** \_\_\_\_\_

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**LIVING EXPENSES:** List the living expenses that you pay every month

Mortgage or Rent \_\_\_\_\_

Renter's/Home Owner's Insurance \_\_\_\_\_

Utilities (gas/oil, electric, water, cable, Internet, etc...) \_\_\_\_\_

Telephone (landline, cell) \_\_\_\_\_

**(LIVING EXPENSES continued...)**

Groceries	_____
Automobile Payment (car loan)	_____
Automobile Insurance	_____
Automobile Gasoline/Maintenance	_____
Public Transportation (bus/train pass, tokens, etc...)	_____
Parking/Tolls	_____
Travel (school & non-school related)	_____
Entertainment (gym membership, hobbies, movies, etc...)	_____
Child Care (daycare, tuition, etc...)	_____
Grooming (hair styling, clothing, etc...)	_____
Other Expenses	_____
<b>LIVING EXPENSES SUBTOTAL*</b>	_____ (This is your 12 month total)

**\*All LIVING EXPENSES are added together for you and then multiplied by 12**

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<b>OVERALL EXPENSES SUBTOTAL**</b>	_____
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**\*\*Your ACADEMIC EXPENSES SUBTOTAL and your LIVING EXPENSES SUBTOTAL have been added together for you**

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<b>OVERALL TOTAL (INCOME SUBTOTAL – OVERALL EXPENSES SUBTOTAL)</b>	_____
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***If your **OVERALL TOTAL** is a positive number, you may want to consider reducing your loans on your financial aid award package. However, if your **OVERALL TOTAL** is a negative number, you may want to consider securing additional funding (ex: applying for a Federal Graduate Plus Direct Loan). Please consult with the CMSRU Financial Aid Office after completing this form if you need assistance with financing options and/or budgeting strategies.***