



FINANCIAL STEWARDSHIP FORM

STUDENT NAME: _____ DATE: _____

STUDENT ID NUMBER _____

Note: Fill in amounts for each category; for those that do not apply, please insert NA. Then subtract "Total Income" from "Total Projected Expenses," and place amount in the box for "Total Support Needed." Upon completion, either sign and return by mail, or scan and return via e-mail g.montgomery@nwfsbs.org

INCOME:

Wife's Projected Salary:	
Additional Income:	

TOTAL INCOME: _____

PROJECTED EXPENSES:

Giving	
Housing	
Utilities	
Food	
Transportation	
Clothing	
Medical/Health	
Personal	
Recreation	
Debts	
Education	
Miscellaneous	

Please Explain Misc. Here:

TOTAL PROJECTED EXPENSES: _____

TOTAL SUPPORT NEEDED: _____

I certify that the above information accurately represents my present financial circumstance, and my projected needs as a student at NWFSBS.

STUDENT'S SIGNATURE: _____ DATE: _____

I concur with the amount of the "total support needed."

DIRECTOR'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY Date Received _____
Contact w/ Student Prior to Approval Y / N
Date of Contact: _____ Attach Notes
Number of Pages Attached _____