***BARBARA MURPHY BROOKS***

***WOMEN’S STUDIES SCHOLARSHIP***

East Tennessee State University

**Personal Financial Statement Form**

**Name**

**Address**

**City/State/Zip**

**Home Phone**

**Cell/Work Phone**

**Classification**

**PROJECTED EXPENSES**

**for**

**ACADEMIC YEAR \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Expenses** |
| **Estimated Tuition Expenses** | **$** |  |
| **Other Related School Expenses**(Please itemize below) | **$** |
| 1. $ 2. $ 3. $ 4. $ 5. $  |
|  ***TOTAL Amount of Estimated Expenses:*** | **$** |  |

|  |
| --- |
| **Funding Resources** |
| **Projected Scholarship Awards** (Please list below)  | **$** |
| □ Personal Loan $ □ RSWP Student Work Position $ □ Grant $ □ APS Scholarship $ □ Other (Please explain.) $  |
| **Projected Assistance from Other Funding Sources**(Please list below)  | **$** |
| □ Personal Loan $ □ RSWP Student Work Position $ □ Grant $ □ APS Scholarship $ □ Other (Please explain.) $  |
| ***TOTAL Amount Anticipated from Funding Sources***  | **$** |

|  |  |
| --- | --- |
| ***TOTAL Amount of Need:***Estimated Expenses minus (-) Anticipated Funding. This amount should reflect the financial need for school-related expenses that are not covered. | **$** |

|  |
| --- |
| **Financial Need Narrative**  |
| Provide below any information you think may help us to get a clear picture of your financial need. Consider the following: To what extent do you financially support yourself? Do you pay for all or some portion of: school-related costs, including tuition and supplies? Rent/housing costs? Other living expenses? Please be specific. Are you on your own? Are you a parent, single-parent, or guardian? Do you have elder care or disability expenses? In what way does your family situation affect your financial aid? Feel free to include other information you feel is pertinent. Attach a separate sheet if needed. |
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