

C O N F I D E N T I A L

TRAVEL SCHOLARSHIP APPLICATION for Interior Design 2016
STUDENT FINANCIAL STATUS FORM 2016

Name: _____ LSU ID No.: _____

Complete the application below for comparison of necessary expenses with income for the next academic year (9 months). The information will be kept confidential and is solely for the use of the *Interior Design Scholarship Committee* in determining the qualifications of applicants.

Anticipated Expenses:

Tuition and Fees	\$ _____
Books and Supplies	\$ _____
Meals	\$ _____
Clothing	\$ _____
Housing	\$ _____
Utilities	\$ _____
Medical	\$ _____
Insurance	\$ _____
Transportation	\$ _____
Other (itemize): _____	\$ _____
Anticipated Expenses Subtotal	\$ _____

Anticipated Income:

Summer / Part-Time Employment	\$ _____
Other Scholarships and / or Financial Aid	\$ _____
Loans	\$ _____
Savings	\$ _____
Help from Parents, Spouse and / or Other Sources	\$ _____
Refunds	\$ _____
Other (itemize): _____	\$ _____
Anticipated Income Subtotal	\$ _____

Comments of Income: _____

Anticipated Income - Anticipated Expenses = Total \$ _____

By signing this form, I acknowledge the above information honestly and correctly represents my financial status.

Signature

Date
