



Student Monthly Income and Expenses

To help us understand how you will be supporting yourself while you are attending Trident, please list your monthly sources of income and monthly living expenses from the previous year.

Student Information

Name _____		SSN _____
Phone _____	Cell _____	E-mail _____
Program of Study _____	Degree / Diploma / Certificate _____	Anticipated Graduation Date _____

Monthly Income

Wages, Salary _____
Cash, Savings _____
Social Security Benefits _____
Welfare Benefits _____
Child Support _____
Other (Explain on reverse) _____
Other (Explain on reverse) _____
Total Monthly Income _____

Monthly Expenses

Housing _____
Utilities _____
Food _____
Transportation _____
Auto Payments _____
Other (Explain on reverse) _____
Other (Explain on reverse) _____
Total Monthly Expenses _____

Note: if your total monthly income did not meet your total monthly expenses as listed above, please explain on the reverse of this sheet how you cover the shortfall.

Signature

I certify that the information that I have provided for the purposes of receiving financial aid is true, correct and complete.

Signature _____ Date _____

**Financial Aid Office / FA-M P.O. Box 118067 Charleston, SC 29423-8067
843-574-6110 843-574-6661 fax financial.aid@tridenttech.edu**