

# BUDGET

for school year \_\_\_\_\_ and \_\_\_\_\_

(Name) \_\_\_\_\_

Fill out your estimated budget for the present school year, also your budget for the last school year, if you have been in school before.

RECEIPTS	Present Year	Last Year	EXPENDITURES	Present Year	Last Year
Savings on hand	_____	_____	Tuition	_____	_____
Earnings during year	_____	_____	Other fees (itemize)	_____	_____
Financial aid from parents <small>(State whether gift or loan)</small>	_____	_____	_____	_____	_____
			_____	_____	_____
Financial aid from other sources <small>(State whether gift or loan)</small>	_____	_____	Board	_____	_____
			Room	_____	_____
Financial aid from college <small>(Cash loan)</small>	_____	_____	Books	_____	_____
			Clothing	_____	_____
Other aid from college:			Health	_____	_____
Free tuition	_____	_____	Life Insurance	_____	_____
Scholarship	_____	_____	Laundry	_____	_____
Free room	_____	_____	Musical Instruments	_____	_____
Free board	_____	_____	Organizations	_____	_____
			Recreation	_____	_____
Perkins Foundation Loan	_____	_____	Travel expenses	_____	_____
			Miscellaneous Expense <small>(itemize)</small>	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

Remarks:

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Signed \_\_\_\_\_

**Disbursement(s) of**  
**Perkins Foundation Loan**

Name: \_\_\_\_\_ for school year: \_\_\_\_\_ and \_\_\_\_\_

Fill out this form indicating the dates and amounts as you estimate you will need the Perkins Foundation Loan.

Dates:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	=====
This total should be the same amount of loan requested on Budget Form.	\$ _____

Student's Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please check:    Checking                       Savings

School name: \_\_\_\_\_

Year in school: \_\_\_\_\_

Course of study: \_\_\_\_\_  
\_\_\_\_\_

Add'l remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# B.F. and ROSE H. PERKINS FOUNDATION

## Current Address Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Co-signor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Co-signor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Is insurance information updated and on file with us? Yes \_\_\_\_\_ Collateral Assignment? Yes \_\_\_\_\_

Bank Information:

Name: \_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Copy of transcript from last semester (min. 2.25 GPA)? Yes \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

## Signatures:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERKINS FOUNDATION LOAN INFORMATION

Perkins Foundation does not send out payment booklets or notices.  
Please keep in mind that the following is YOUR responsibility:

1. Keep Perkins informed as to your correct address.
2. Notify Perkins when you graduate or are no longer attending school full time or not at all.
3. Keep your insurance up-to-date until your loan is paid in full.
4. Your grades must be kept at a 2.25 GPA or better to qualify for additional loans, and take at least 12 credit hours per semester.
5. Your payments will begin 6 months after graduation, or when you are no longer attending school.

\_\_\_\_\_  
Student

## CREDIT AUTHORIZATION

Please fill out and return with a voided check from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry to my **CHECKING ACCOUNT** or **SAVINGS ACCOUNT** (please circle one) each month. This authority will remain in effect until I have canceled it in writing.

The deposit will be on the \_\_\_\_\_ day of the month for \$ \_\_\_\_\_.

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Date

\_\_\_\_\_  
**ACCOUNT NUMBER**

I understand the company will notify me in writing 10 days prior to any transaction that exceeds the agreed upon amount of \_\_\_\_\_ by more than \_\_\_\_\_.

\_\_\_\_\_  
**ROUTING and TRANSIT NUMBER**

**B.F. & ROSE H.**  
**PERKINS FOUNDATION**

\_\_\_\_\_  
Initial

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours.