

OUR FAMILY MONTHLY CASH FLOW STATEMENT

Student Aid Request

The following sheet is given to assist each family to determine their ability of meeting their monthly expenses and understand the impact of Christian Education. **DO NOT RETURN THIS WITH YOUR REQUEST! THIS IS PROVIDED FOR YOUR OWN USE, PLEASE, DO NOT SEND THIS WITH YOUR FORM!**

Income Per Month

Income Per Month \$ _____
Savings Total \$ _____

Our monthly income is the following:

\$ _____ Husband's Salary
\$ _____ Wife's Salary
\$ _____ Interest
\$ _____ Notes/Dividends
\$ _____ Rents/Real Estate
\$ _____ Other _____

Expenses Per Month

Tithe/Offerings \$ _____
Taxes \$ _____
Food (Groceries) \$ _____
Automobile \$ _____
 Payment \$ _____
 Gas/Oil \$ _____
 Insurance \$ _____
 License \$ _____
 Taxes \$ _____
 Repair/Tires \$ _____
 Maintenance \$ _____
 Other \$ _____
Insurance \$ _____
 Life \$ _____
 Medical \$ _____
 Other \$ _____
Entertain/Rec. \$ _____
 Eating Out \$ _____
 Trips \$ _____
 Activities \$ _____
 Babysitters \$ _____
 Vacation \$ _____
 Other \$ _____
Education \$ _____
 Student Tuition (Totals)
1. _____
2. _____
3. _____
4. _____
5. _____

House Expense \$ _____
 Mtg./Rent \$ _____
 Insurance \$ _____
 Taxes \$ _____
 Electricity \$ _____
 Heating Fuel \$ _____
 Water \$ _____
 Sanitation \$ _____
 Telephone \$ _____
 Maintenance \$ _____
 Other \$ _____
Clothing \$ _____
Savings \$ _____
Debts \$ _____
 Credit Cards \$ _____
 Loans/Notes \$ _____
 Other \$ _____
Medical Expense \$ _____
 Doctor \$ _____
 Dentist \$ _____
 Eye \$ _____
 Pharmacy \$ _____
 Other \$ _____
Misc. Expenses \$ _____
 Cosmetics \$ _____
 Hygiene \$ _____
 Wash/Dry \$ _____
 Pets \$ _____
 Allowance \$ _____
 Paper/Mag. \$ _____
 Gifts \$ _____
 Cash (Pocket) \$ _____
 Other \$ _____

Income Summary

Total Income Per Month \$ _____
Total Expense Per Month \$ _____ = Balance \$ _____
My Income is \$ _____ Greater (or) \$ _____ Less than Expenses.