## Florida State University College of Medicine Orientation: Financial Aid Activity 2

## **EXPENSE CALENDAR**

| Expense<br>Category                | Month<br>1     | Month<br>2      | Month<br>3     | Month<br>4        | Month<br>5    | Month<br>6       | Month<br>7     | Month<br>8     | Month<br>9      | Month<br>10 | Month<br>11 | 11<br>Month<br>Total "A" | Monthly<br>Average<br>"B" |
|------------------------------------|----------------|-----------------|----------------|-------------------|---------------|------------------|----------------|----------------|-----------------|-------------|-------------|--------------------------|---------------------------|
| Tuition and Fees                   |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Books and Equipment                |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Savings                            |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Rent                               |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Utilities and Telephone            |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Food and<br>Household              |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Transportation                     |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Health<br>Insurance and<br>Medical |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Personal<br>Expenses               |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| *Income                            |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Tax                                |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Miscellaneous                      |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| Interview and Relocation           |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| TOTAL                              |                |                 |                |                   |               |                  |                |                |                 |             |             |                          |                           |
| *If your employer                  | withholds your | taxes, do not e | enter any amou | int in this colum | n. This colum | n is for those v | vho anticipate | owing taxes be | cause of schola | arships.    | I           | 1                        |                           |