ESTIMATED SCHOLARSHIP BUDGET: FORM 2

Name _____ _____
LAST NAME (AS APPEARS ON PASSPORT/BIRTH CERTIFICATE/ETC.) FIRST NAME/GIVEN NAME (AS APPEARS ON PASSPORT/BIRTH CERTIFICATE/ETC.)

Institution of Study _____ Academic Year _____
MM/YYYY - MM/YYYY

* For GM to complete.

	Expenses	Amount	Terms/Semesters/ Years/Months/Weeks	Total
Tuition & Fees	Fees			$ 0.00
	Books			$ 0.00
	Graduation Fees			$ 0.00
	Thesis/Dissertation Fees			$ 0.00
	Total Tuition & Fees			$ 0.00
Room & Board	Housing			$ 0.00
	Does this include Utilities? (Please write Yes or No if handwritten)			
	Gas			$ 0.00
	Water			$ 0.00
	Electricity			$ 0.00
	Food			$ 0.00
	Holiday Room			$ 0.00
	Holiday Food			$ 0.00
Health Insurance	Student			$ 0.00
	Family (if applicable)			$ 0.00
One Time Settling Allowance *				
One Time Shipping Allowance * (paid at end of program only)				
Local Transportation (for classes only)				$ 0.00
Stipend	Student			$ 0.00
	Spouse (if applicable)			$ 0.00
	Children (if applicable)			$ 0.00
Other Expenses				
Federal taxes* (14%) (US students only)				
State Taxes* (US students only)				
Grand Total				$ 0.00

Please itemize any research costs.

Scholarship Sponsor('s) Share			
ELCA	LFW	School	Other

Comments.

Prepared by _____ **Date** _____
MM/DD/YYYY

Approved by: _____
INSTITUTION OFFICIAL NAME AND TITLE

SUBMIT

MAILING INFORMATION

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Evangelical Lutheran Church in America
Global Mission
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