

WELLESLEY COLLEGE

STUDENT FINANCIAL SERVICES

CFWKST

Student Name (Last, First, MI)

Date of Birth

Wellesley ID number

Parent Name

Parent E-mail address

Daytime Phone

Section 1: Income (amount per month)

_____ Salary
_____ Interest
_____ Dividends
_____ Rental and/or Business Income
_____ Social Security
_____ Pension
_____ Alimony
_____ Child Support
_____ Unemployment Insurance
_____ Disability
_____ Other (please specify) _____
_____ Other (please specify) _____

_____ Total Income

Section 2: Expenses (amount per month)

_____ Mortgage/Rent
_____ Utilities
_____ Real Estate Taxes
_____ Insurance Premiums
_____ Loan Payments (please specify type) _____
_____ Loan Payments (please specify type) _____
_____ Credit Card Payments (minimum monthly payments)
_____ Food
_____ Clothing
_____ Commuting/Transportation
_____ Child Care
_____ Education
_____ Investment Savings
_____ Other (please specify) _____
_____ Other (please specify) _____

_____ Total Expenses

Section 3: Explanation

If your total expenses exceed your total income, please attach a letter explaining how you cover the deficit.

Section 4: Certification

We certify that the information on this form is accurate and complete to the best of our knowledge.

Parent Signature _____

Student Signature _____

