

Okanagan Valley College of Massage Therapy Ltd.
Prospective Student Budget Worksheet

Applicant Name: _____
Date Completed: _____



Education Expenses Per Academic Year		Financial Resources for Academic Year*		Budget Summary for Academic Year	
Tuition		Employment Earnings		Total Resources for Academic Year	
Books		Savings			
Supplies (IE Pens, pencils, binders)		Family Contribution		Total Expenses for Academic Year	
Massage Table		Scholarships/Grants/RESP			
Clinic Wear		Child Support/Alimony		Total Living Expenses Per Year	
Standard First Aid and Level "C" CPR		Student Aid**			
Other		Other		Surplus/(Deficit)	
Total Expenses for Academic Year		Total Resources for Academic Year			

Monthly Living Expenses		Monthly Living Expenses		Comments/Additional Information	
Housing: (Rent or Mortgage)		Balance from previous column			
Utilities:		Food:			
Electricity/Gas		Groceries			
Water/Sewer		Dining Out			
Telephone/Cell Phone		Insurance:			
Cable/Internet		Medical/Dental			
Other		Home/Apartment/Tenant			
Transportation:		Other			
Public Transportation		Other Living Expenses:			
Car (Lease or Payment)		Clothing/Laundry			
Fuel		Personal Care			
Maintenance		Childcare			
Parking		Other			
Insurance		Total Expenses per month			
Other		Number of Months in Class	10.00		
Subtotal Carried to next column		Total Living Expenses Per Year		<p>*Funding Information:</p> <p>For information on funding your education please click or visit the link above.</p> <p>**Student Aid Information</p> <p>For information on Student Aid BC weekly maximum funding limits, please click or visit the link above.</p>	

Instructions for Use:

Fill in each of the cells with your approximation of reasonable income and expenses for the current academic year. If something is not applicable, please leave it blank. Calculate your surplus or deficit in the summary area. If additional information is required and to explain any deficit, please use the Comments/Additional Information section. Attach a copy to your completed application form.