NAU NORTHERN ARIZONA UNIVERSITY
Office of Scholarships and Financial Aid

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Budget Appeal
Program Expense Affidavit

A. Student Information	
Student Name:	**7-digit NAU ID Number:**
Phone:	**NAU Email:**

B. Listing of Short-term Housing Expenses (if applicable)

Complete the table below. For each expense to be considered, list the name of each utility, the percentage that you the student is responsible for, and the total cost in. You will also need to provide copies of paid bills.

Housing/Utility	Total cost per week	I am responsible for
	$	%
	$	%
	$	%
	$	

C. Listing of Equipment and Supplies Expenses (if applicable)

For each expense to be considered, list type of equipment (instrument, clinical supplies, scrubs, stethoscope, etc.) and total cost. You will also need to provide copies of paid receipts for each item.

Description of what was purchased	Total paid
	$
	$
	$
	$
	$

D. Agreement and Understanding

By signing this form you certify that all of the information reported on this form is true and accurate to the best of your knowledge. Additionally, you acknowledge that falsifying information may adversely affect your appeal.

Typed, copied, or electronic signatures will not be accepted.

Signature:	**Date:**