

Office of Scholarships and Financial Aid

**Budget Appeal
 Program Expenses Affidavit**

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

B. Short-Term Housing/Utility Expenses		
Provide copies of paid itemized receipts and a copy of your clinical rotation schedule/student teaching assignment, etc.		
Housing/Utility	Total cost per week	I am responsible for:
	\$	%
	\$	%
	\$	%
	\$	%

C. Books, Supplies, and Equipment Expenses	
Provide copies of paid itemized receipts for each item.	
Description of what was purchased	Total paid
	\$
	\$
	\$
	\$

D. Travel for Educational Purposes			
Provide electronic map showing miles driven (Google, MapQuest, etc.)			
Distance driven (round trip)	Frequency (days per week)	Total miles (per week)	Educational purpose (clinical rotation, student teaching, etc.)

E. Agreement and Understanding	
By signing below, I acknowledge that I have read and understood all the information outlined in this form. All of the information I am providing is true and accurate.	
Student signature:	Date: