

**COLUMBIA THEOLOGICAL SEMINARY
2010-2011
BUDGET EXPENSE NORMS for NINE MONTHS**

The following are the maximum figures that will ordinarily be used in determining financial aid eligibility. Use your actual expenses if you know them, otherwise estimated expenses or the norms. The seminary recognizes that a particular student's situation may mandate the consideration of other expenses. These figures represent the amounts used for financial aid calculations and may or may not reflect the actual cost of living for a particular individual. If your expenses are significantly higher than the norms, provide explanation and documentation. They will be considered on a case by case basis.

(Generally, only on-campus housing costs are considered in financial aid calculations. See the Guidelines.)

EXPENSE CATEGORY	SINGLE	MARRIED	MARRIED W/ CHILDREN	SINGLE W/ CHILDREN
	<i>9 months</i>	<i>9 months</i>	<i>9 months</i>	<i>9 months</i>
TUITION @ \$370 per credit hour X 27 (12 fall, 3 wi, 12 spr)	\$9,990	\$9,990	\$9,990	\$9,990
OTHER FEES (Alternative Context, Graduation)	SEE GUIDELINES	SEE GUIDELINES	SEE GUIDELINES	SEE GUIDELINES
ROOM/RENT (Your actual on-campus housing)*	\$2,835 - \$5,004	\$3,687- \$6,066	\$5,814 - \$6,759	\$5,814 - \$6,759
UTILITIES	N/A	N/A or \$1,674	\$1,674	\$1,674
BOARD (16 meals/wk Fall, winter, spring)*	\$3,130	N/A	N/A	N/A
FOOD ALLOWANCE*	\$1,440 (WKEND)	\$6,649	\$6,649	\$4,988
BOOKS/SUPPLIES	\$1,120	\$1,120	\$1,120	\$1,120
CLOTHING/LAUNDRY	\$698	\$1,355	\$1,355	\$698
RECREATION/LEISURE	\$698	\$1,355	\$1,355	\$698
TELEPHONE	\$593	\$593	\$593	\$593
** MED. INS. COST (Provide documentation)	Your cost/9 months	Your cost/9 months	Your cost/9 months	Your cost/9 months
MED/DENTAL OUT-OF-POCKET/or actual (see above)	\$447	\$898	\$898	\$898
** AUTO INS./TAG (Provide documentation)	Your cost/9 months	Your cost/9 months	Your cost/9 months	Your cost/9 months
AUTO OPERATION/MAINT - 1 OR 2 Cars	\$807	\$1,070 (1); \$1,406 (2)	\$1,334 (1); \$1,679 (2)	\$1,232
INCIDENTALS	\$1,102	\$2,204	\$2,204	\$1,653
INCOME TAX/FICA (20% X your expected 9-month income)				
ADD. ALLOW./CHILD	N/A	N/A	\$1,840	\$1,840
ADD. ALLOW./ADOLESC.	N/A	N/A	\$2,166	\$2,166
**CHILDCARE/CHILD IF APPLICABLE (Provide documentation)	N/A	N/A	\$4,567	\$4,567
ACTIVITY FEE	\$200	\$200	\$200	\$200
TOTALS	#	#	#	#

* SUBJECT TO CHANGE

** PROVIDE DOCUMENTATION OF COST

#TO DETERMINE YOUR ESTIMATED 9-MONTH EXPENSE, ADD THE APPROPRIATE COLUMN.