**Social Justice Internship Budget Worksheet for Graduating Seniors**

**Name:**

Please write out your anticipated expenses and financial resources to the best of your ability. Applicants are required to upload a .pdf copy of this form with other supporting materials. Because graduating seniors do not have Carleton financial aid obligations, we cannot offer money for savings.

**Section 1: Expenses**

|  |  |  |
| --- | --- | --- |
| **Item** | **Sub-Total** | **Total** |
| 1. Housing |  |  |
| Number of weeks housing will be needed |  |  |
| Estimated cost of housing per week |  |  |
| TOTAL HOUSING EXPENSES |  |  |
| 2. Transportation to/from internship Site |  |  |
| Departure and Arrival Cities |  |  |
| Estimated cost of travel (plane, train, automobile, other) |  |  |
| TOTAL TRAVEL EXPENSES |  |  |
| 3. Daily Commuting Expenses |  |  |
| Distance from residence to internship site (in miles) |  |  |
| Anticipated daily commuting expense |  |  |
| TOTAL DAILY COMMUTING EXPENSE |  |  |
| 4. Food Expenses |  |  |
| Weekly Groceries (average $50/week) |  |  |
| Dining Out (average $25/week |  |  |
| TOTAL FOOD EXPENSES |  |  |
| 5. Other Expenses (Please describe) |  |  |
|  |  |  |
| TOTAL OTHER EXPENSES |  |  |
|  |  |  |
| TOTAL EXPENSES (Total of 1+2+3+4+5) |  |  |

**Section 2: Financial Resources Available for This Internship**

|  |  |  |
| --- | --- | --- |
| Internship site-provided stipend or wage |  |  |
| Other awards/scholarships/grants from Carleton for this summer internship |  |  |
| Family/Personal savings intended for this internship |  |  |
| Other: |  |  |
| Other: |  |  |
| TOTAL RESOURCES (Sum of above) |  |  |

**Section 3: Total Funding Need (Maximum of $4,500)**

|  |  |
| --- | --- |
| TOTAL EXPENSES – TOTAL RESOURCES = TOTAL FUNDING NEED |  |

Please sign below if you agree:

I give the Chaplain or Career Center staff permission to talk with Student Financial Services about my financial need level:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (date)