



## Budget of Expenses and Resources Worksheet

July 1, 2025 - June 30, 2026

Name:
Prospective graduation date:

### Monthly Estimated Expenses

Housing	Monthly Amount	
Rent/mortgage		
Utilities (electricity, gas, oil, etc.)		
Phone		
Other (specify _____)		
Childcare/Daycare	Monthly Amount	
Childcare/Daycare (provider _____) ^		
Babysitter		
Other (specify _____)		
Living Expenses *	Parent Amount	Child Amount
Groceries		
Clothing (including diapers for infants)		
Transportation (only separate if appropriate)		
Other (specify _____)		
Other Monthly Expenses *	Parent Amount	Child Amount
Dependent care (non-child dependent)		
Other (specify _____)		

### Annual Estimated Gross Resources/Income

Financial Aid/Grants	Annual Amount
Harvard tuition/health fees grant	
Harvard living expense stipend	
Harvard research or travel grant	
Harvard administered grant (NSF, FLAS, etc.)	
Outside grant (source? _____)	
Jobs/Employment	Annual Amount
Teaching fellowships at GSAS	
Teaching fellowships outside GSAS	
Research assistantships at GSAS	
Research assistantships outside GSAS	
Resident Tutor/Proctor/Res. Advisor (Y/N)	
On-campus job	
Other jobs/employment	
Spouse/partner income	
Other Income/Resources**	Annual Amount
Child support	
Allimony	
Untaxed benefits (ie. SNAP, SSI, TANF, etc.)	
Pre-tax retirement contributions	
Loans (specify type and lender)	
Gifts/loan from parents/friends	
Other (source? _____)	

### Current Estimated Household Assets

Household Assets**	Amount
Cash, Savings, and Checking	
Trusts and investments	
Primary home (indicate market value & debt)	
Other real estate (indicate market value & debt)	
Retirement assets	
Assets in childrens' names	
Other (specify _____)	

\*\*Include income and assets belonging to both parents, if applicable

### Annual Lump Sum Expenses

Education *	Parent Amount	Child Amount
Tuition (specify _____)		
Student fees (specify _____)		
Books/supplies		
Research equipment		
Research travel		
Conference fees		
Professional organization memberships		
After-school programs		
Other (specify _____)		
Health *	Parent Amount	Child Amount
Insurance (provider _____) ^		
Partner/spouse insurance (provider _____) ^		
Medical expenses		
Dental insurance (provider _____) ^		
Dental expenses		
Vision expenses		
Prescriptions		
Other (specify _____)		
Other Lump Sum Expenses *	Parent Amount	Child Amount
Other (specify _____)		

\* Please separate parent and child costs for these items, and for any other expenses as appropriate

^ When prompted for provider, please list the name of the provider and plan