

# Marin County Workforce Education and Training Scholarship Program for Consumers/Family Members Budget Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Date of Vocational/Educational Program: \_\_\_\_\_

Anticipated Date of Completion: \_\_\_\_\_

Total Amount of Stipend Requested: \$ \_\_\_\_\_

INSTRUCTIONS: Put the name of the item requested (such as books, supplies, fees, etc.), then a detailed description (such as “2 classes, two books each class, at \$\_\_\_ each” or “2 classes, with fees for each.” Put the cost per each item in the 3<sup>rd</sup> column, then add these for the total amount for semester in the 4<sup>th</sup> column. Add this column and total at the bottom in the “Total” space. Add all “Totals” and enter in the “Grand Total” at the bottom. See samples below.

## School Costs (Tuition/Registration/Enrollment)

School/Program Name	Description (number of classes, class titles, any other relevant information)	Cost per Item	Total Amount for Semester
<i>CCSF Trauma Certificate Program sample</i>	<i>2 classes (“Dual Diagnosis” and “Trauma 101”) sample</i>	<i>\$250 x 2 sample</i>	<i>\$500 sample</i>
		<b>TOTAL</b>	

## School Supplies

Item	Description	Cost per Item	Total Amount for Semester
<i>Books sample</i>	<i>3 classes - 1 has 2 books, 2 have 1 book sample</i>	<i>\$45, \$55, \$30, \$98 sample</i>	<i>\$228 sample</i>
		<b>TOTAL</b>	

## Transportation and/or Childcare Assistance, if needed

Item	Number of Weeks	Reimbursement Rate	Weeks times Reimb Rate	Total Flex Funds
<i>Bus Tickets sample</i>	<i>20 weeks sample</i>	<i>\$20/week sample</i>	<i>\$ 400 sample</i>	<i>\$400 sample</i>

**GRAND TOTAL**