

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 3rd column, then add these for the total amount for semester in the 4th 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>
		TOTAL	

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>
		TOTAL	

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