Budget Plan Worksheet Instructions

1. Determine the total semester expenses using the tuition, room, board, fees, and health insurance charges listed in the table below. Fees not listed in the expenses allowable for the BBP may not be included in this calculation. Enter the total expenses on line **(1)** of the Budget Plan worksheet.

2. Determine total semester credits by listing those financial aid awards **that have been credited *("memo'd")* to the account by the Financial Aid Office**. Do not include College work study, campus employment, and stipend funds. Funding from outside sources may be included ***only if*** a letter of intent from the sponsor accompanies the application. For loans, list the specific percentage noted on the worksheet of the borrowed amount, not the full borrowed amount. Enter the total credits on line **(2)**.

3. Enter the difference between lines **(1)** and **(2)** on line **(3)**. This is your approximate Budget Plan contract amount.

4. Complete the rest of the worksheet to determine the monthly payment and the amount to enclose with your application.

	Fall 2014 Expenses Allowable for the BBP (1)		**Spring 2015 Expenses Allowable for the BBP (1)**	
	Resident Students	Off-Campus Students	Resident Students	Off-Campus Students
Tuition [a]	$23,780	$23,780	$23,780	$23,780
Room and Board [b]	6,886	0	6,886	0
Campus facilities fee	0	160	0	160
Health services fee [c]	235	235	235	235
Health insurance [d]	1,402	1,402	0	0
Student activity fee	105	105	105	105
(1) Total	**$32,408**	**$25,682**	**$31,006**	**$24,280**

a $23,780 is the tuition for a full-time course load of up to 20 credits per semester. A fee of $1,486 is charged for each credit over 20.

b **Reserved housing cannot be cancelled without prior approval from the College. Students who have reserved campus housing and move off campus are still responsible for the full housing charge.** *All resident students are required to take the meal plan.*

c Health services coverage is required for all enrolled students.

d **All enrolled students are required to have health insurance coverage. The 12 month health insurance plan cost is charged in the Fall semester. The health insurance plan for a student enrolled for the Spring semester only is $826. Students who elect to have alternate private plans must submit proof of coverage for confirmation that, upon review, is equivalent to the plan offered through Bard.**

(1) The first-time student fees are not included in the allowable expenses and cannot be included in the amount to be budgeted: $672 L&T meal plan charge, $672 Citizen Science meal plan charge, $40 Citizen Science materials fee, $225 security deposit, $5 ID card fee, $100 Transfer Orientation fee. The $500 enrollment deposit cannot be included in the amount to be budgeted.

Bard Budget Plan Worksheet 2014-2015

_____

Name of student: last first

_____

ID number

To Determine Credits:

Only awards credited to the account by the Financial Aid Office can be used.

	Fall 2014 Semester	**Spring 2015 Semester**
All Bard scholarships and grants (excluding College work study, campus employment, or stipend funding)	$_____	_____
Federal Pell Grant	_____	_____
Federal Perkins Loan	_____	_____
Federal PLUS Loan (95% of borrowed amount)	_____	_____
Federal SEOG Grant	_____	_____
Federal Direct Loan (98% of borrowed amount)	_____	_____
Alternative Loans (95% of borrowed amount)	_____	_____
State Grant (TAP,VSAC)	_____	_____
Other aid (enclose letter of intent from sponsor; DO NOT INCLUDE College work study, campus employment, or stipend funds)	_____	_____
Total Credits	**$**_____	_____

To Calculate Payments:

(1) Total allowable expenses (from the table; DO NOT INCLUDE **$500 deposit and first-time student fees**)	$_____	_____
(2) Total credits (from above)	$_____	_____
(3) Total budget plan contract amount (expenses minus credits)	**$**_____	_____
Divide by **5** for **semester monthly payment**	$_____	_____

To Calculate Amount to Enclose:

Application fee **($65 if mailed during June or thereafter)**	$	**Enclose With Application 50.00**
For applications submitted during June or thereafter, add the monthly payments	$_____	
Total enclosed	$_____	

application on reverse

Bard Budget Plan Application 2014-2015

I wish to use the Bard Budget Plan for the 2014-2015 academic year.
I have read the terms and conditions and understand and agree to them.

_____

Name of student: last first middle initial

_____

Student's ID number

_____

Name of parent or guardian

_____

Phone: (home) (cell) (work)

_____

E-mail PLEASE PRINT CLEARLY

_____

Address

_____

City State Zip

_____

Signature of parent or guardian responsible for payment Date

Mail completed application with required payment to:

Bard College, Office of Student Accounts,
PO Box 5000, Annandale-on-Hudson, NY 12504-5000

Please write the student's name and ID number on the check.

Mail for our office must specify "Student Accounts" in the address.

worksheet on reverse