

FINANCIAL PLAN WORKSHEET

Student's Name (print): _____ Date _____

Please complete this Financial Plan and return with the application. For further information regarding projected costs, please refer to the financial section of the Weimar Academy Handbook. The following is my financial plan for 2020-21. I am projecting costs on the assumption that I will attend Weimar Academy for the whole year as a dorm student. Village and staff students will not have Room and Board or Room Deposit Fees and their registration fees are only \$645.

Section A: Summary of My Costs

Application Fee – Due with application	\$ 25
Tuition	\$ 7,425
Room	\$ 3,185
Meal Plan (\$5,900 - 3 Meal Plan) (\$4,935 - 2 Meal Plan)	\$ 5,900
Non-Refundable Registration Fees – Dorm (\$825), Village/Staff (\$645)	\$ 825
Refundable Room Deposit	\$ 75
Subtotal – Projected fees and deposits (Dorm Student on 3 meal plan)	\$ 17,435
Foreign Student Admission Fee (if applicable)	\$ 250
Foreign Student Deposit (if applicable)*	\$ 1,290

* \$2,580 is due up front before we issue an I-20 - \$1,290 is applied to the first month's bill, \$1,290 is held on deposit until the student leaves Weimar Academy and is transferred out of SEVIS.

Additional Fees: Graduation Fee (Seniors Only) - \$125, Fees for College Classes (Seniors Only) – See College, Foreign Student Medical Insurance - Purchased Individually, Uniforms – See Uniform policy – Approximately \$155 (varies on quantity).

A. **Total Projected Fees and Deposits** \$ _____

Section B: My Expected Financial Resources

Family \$ _____
 Summer Earnings \$ _____
 Savings \$ _____
B. Total Personal Resources \$ _____

Section C: Other Possible Financial Resources

Sponsor: Local Church Worthy Student Fund \$ _____
 Sponsor: Local Conference \$ _____
 Other Sponsors: (please list) \$ _____
C. Total Sponsor Resources \$ _____

Section D: Summary

1. Total projected fees and deposits (Section A) \$ _____
 2. Total resources available (Add Section B and C Together) \$ _____
3. Total (subtract line 2 from line 1) \$ _____

D. If line 3 (above) did not equal zero (\$0), please explain how and when the remainder will be funded:

There is an unpaid bill at another school. Yes No If yes, how much? _____

Name of School: _____ Phone: (_____) _____

The above information has been completed to the best of our/my ability and is an accurate statement of both expense projections and of our/my plan to cover the costs involved.

Person(s) assuming responsibility: (print) _____ Relationship to student: _____

Signature(s): _____ Date: _____