



Louisiana Office of Student Financial Assistance



My Life, My Way

Name: _____ Date: _____

Region: _____

Monthly Expenses	Costs
Housing	
Utilities	
Food	
Transportation	
Clothing	
Health Care	
Personal	
Entertainment	
Miscellaneous	
Education	
Savings	

Total Monthly Expenses: _____

Taxes (25% of expenses): _____

Annual Salary Needed: _____