Attachment D3
St. Paul's Endowment Sub-Fund "D"
Waldermar H. Beckmann Scholarship Fund
Expense Worksheet

You must list below your average monthly expenses in full. Place a zero on any line for which you have no expense. If you have annual, semi-annual or quarterly expenses divide by 12, 6, or 3, as applicable, to arrive at your monthly expense.

Monthly Amount ($)	Description
_____	Mortgage or rent (include any 2nd homes)
_____	Food
_____	Gas
_____	Electric
_____	Water
_____	Telephone
_____	Clothing
_____	Gasoline
_____	Motor vehicle payments
_____	Motor vehicle insurance
_____	Federal and state income taxes (based on prior year)
_____	Real estate tax
_____	Motor vehicle license fee and excise tax
_____	Medical insurance
_____	Dental insurance
_____	Life insurance
_____	Disability insurance
_____	House or apartment insurance
_____	Newspaper and other periodicals
_____	Church contribution
_____	St. Paul's day school tuition, books and fees (Including the student(s) for who aid is being Applied)
_____	Other charitable contributions and gifts
_____	Retirement
_____	Savings
_____	Vacations
_____	Entertainment
_____	Credit card and other debt payments
_____	Other: _____
_____	Other: _____
_____	Other: _____
_____	Other: _____
_____	Other: _____
_____	Other: _____
	(List additional other expenses on a separate sheet of paper)
$_____	TOTAL AVERAGE MONTHLY EXPENSES
x 12	
$_____	TOTAL AVERAGE ANNUAL EXPENSES