

# WEIMAR

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## I N S T I T U T E

**Weimar Institute**  
**Medical Assistant Program**  
Financial Information Overview  
**2017-2018**

**Medical Assistant Program  
Financial Plan Worksheet  
2017-2018**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Costs**

Charges	General Program Package
<b>Program Cost</b> ( <i>includes tuition, books, scrubs, medical supplies, and certification fees</i> )	\$9,998
<b>Room &amp; Board</b>	\$3,497
<b>Total</b>	\$13,495

**Source of Funds**

Self	\$ _____
Parents	\$ _____
Sponsors	\$ _____
<b>Total Income</b>	<b>\$ _____</b>
Total Shortage or Excess (Total charges minus total income)	\$ _____

**Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Sponsor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_