SAVINGS PLAN

NAME: _____ TODAY'S DATE: _____

SET YOUR SAVINGS GOALS:

Short Term Savings Goal (1 – 12 months): _____
Total Value: $_____ Monthly saving:$_____
Type of account savings will be kept at: _____Savings _____Checking ____Money Market
Date to be completed by: _____ (less than 12 months from today)

GOAL REVIEW (Every quarter)

Review Date	Account Balance	Date to be Completed	Next Review Date
	$		
	$		
	$		
	$		

Mid Term Savings Goal (1 – 3 years) : _____
Total Value:$_____ Monthly saving:$_____
Type of account savings will be kept at: _____Savings _____Checking ____Money Market
Date to be completed by: _____ (less than 3 years from today)

GOAL REVIEW (Every quarter)

Review Date	Account Balance	Date to be Completed	Next Review Date
	$		
	$		
	$		
	$		
	$		

Long Term Savings Goal (Over 3 years): _____
Total Value:$_____ Monthly saving:$_____
Type of account savings will be kept at: _____Savings _____Checking ____Money Market
Date to be completed by: _____ (over 3 years from today)

GOAL REVIEW (Every semester)

Review Date	Account Balance	Date to be Completed	Next Review Date
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		