

# Cost of Attendance (Budget) Evaluation

2011-2012

This form has been designed to allow you to provide information to the Office of Scholarships and Financial Aid (OSFA) regarding your current cost of attendance (COA). The items listed below are included in the standard academic year COA used at the University of Arizona (Fall + Spring = 9 months). If the COA reported on your award notification does not appear to adequately meet your expenses, complete all of the sections below for educational costs incurred during the academic period you will attend. **Please keep in mind that the majority of Cost of Attendance Evaluations typically increase loan eligibility.** From the date we receive your form, please allow up to four weeks for processing. Failure to provide supporting documentation will delay processing.

*Please type or write in ink. DO NOT use pencil.*

<input type="checkbox"/> I am submitting this re-evaluation to clear an overaward.			
<b>I wish to be considered for additional:</b> (Grant funds will be automatically awarded IF eligibility is determined AND funds are available)			
<input type="checkbox"/> Federal Direct Loan	<input type="checkbox"/> Parent PLUS Loan	<input type="checkbox"/> Graduate PLUS Loan	<input type="checkbox"/> Private Loan <input type="checkbox"/> Other_____
LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY

COSTS:	DESCRIPTION:	AUG 2011 - MAY 2012	
Rent:	Per month (if you have a roommate, report only <i>your</i> share)	PER MONTH	
Food:	Per month (your share only)		\$
Utilities:	Per month (your share of electricity, gas, water, internet, trash pick-up)		\$
Phone/Cell:	Per month (your share only)		\$
Medical Insurance:	Dependent students: <b>only</b> if not covered by parent's insurance policy		\$
Books/Supplies:	Per academic year	\$	
<b>All items below require documentation such as receipts and/or estimates. You may attach a personal statement along with the documentation.</b>			
Transportation:	Provide an <u>itemized</u> list of <b>ALL</b> expenses (maintenance/repair, gas, bus pass, license, insurance, and parking). Do not include car payments.	PER ACAD. YEAR	
Computer:	May include software or hardware upgrades		\$
Miscellaneous:	May include medical/dental/optical/prescription expenses NOT covered by insurance (do not include insurance premiums), etc.		\$

<b>CHILDCARE:</b> Childcare may be added to your budget if you incur these costs in order to attend school. Have your day care provider(s) or babysitter(s) complete the statement below. <i>(Please include only the portion that you are responsible for paying.)</i>	
Name(s) of children:	Age(s):
Name of provider/babysitter:	Phone:
Address:	Monthly Cost:
Signature of provider/babysitter:	\$

I certify that the information on this cost of attendance evaluation is accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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