

**2019-2020 Cost of Attendance (COA) Worksheet – Quarters / Trimesters**

**Scholar Information:**

As a Cooke Scholar, by signing the form, you give explicit written consent to the educational institution listed below to provide the Cooke Foundation information collected from your FAFSA (if applicable). The Cooke Foundation will use this information solely to make award determination and payment. The Cooke Foundation shall not sell or otherwise share such information.

Scholar Name \_\_\_\_\_ Email \_\_\_\_\_  
 College/University Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Scholar Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please email, fax, or bring this form (in person) to your financial aid office to complete.*

Cost of Attendance	Fall 2019	Winter 2020	Spring 2020	2019-20 Total Cost of Attendance (=sum of all terms)
Tuition				
Required Fees				
Health Insurance, if applicable				
Books & Supplies				
Room & Board				
Personal / Miscellaneous				
Transportation				
Other				
Computer, if applicable				
COA per term				

Awarded Gift Aid	Fall 2019	Winter 2020	Spring 2020	2019-20 Awarded Gift Aid (=sum of all terms)
Pell Grant				
SEOG				
State Scholarship / Grant				
Institutional Aid				
Other Outside Scholarships / Grants				
<b>Total Gift Aid per term</b>				
<b>MAXIMUM JKCF AWARD WITHOUT DISPLACING GIFT AID</b>				

Financial Aid Officer's Name: \_\_\_\_\_

Financial Aid Officer's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address to send scholarship payment: \_\_\_\_\_

Financial Aid Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_