

**2019-2020 Cost of Attendance (COA) Worksheet – Semesters**

**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	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	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: \_\_\_\_\_