

2020-2021 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 #** _____

Please indicate your health insurance needs

- I do not need health insurance included in my cost of attendance
- Please include health insurance - I plan to enroll in my university's health insurance plan
- Please include health insurance - My health insurance is through a third-party provider

Please include a computer in my cost of attendance Yes No

Scholar Signature _____ **Date** _____

Please email or fax this form to your financial aid office to complete. Financial Aid Office information and signature are required on page 2.

Cost of Attendance	Fall 2020	Winter 2021	Spring 2021	2020-21 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				
Total COA per term				

Awarded Gift Aid	Fall 2020	Winter 2021	Spring 2021	2020-21 Awarded Gift Aid (=sum of all terms)
Pell Grant				
SEOG				
State Scholarship / Grant				
Institutional Aid				
Other Outside Scholarships / Grants				
Total Gift Aid per term				
MAXIMUM JKCF AWARD WITHOUT DISPLACING GIFT AID				

Financial Aid Officer's Name:

Financial Aid Officer's Phone #:

Email:

Address to send scholarship payment:

Financial Aid Officer's Signature:

Date: