

## 2020-2021 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 # \_\_\_\_\_

### 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	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			
<b>Total COA per term</b>			

  

Awarded Gift Aid	Fall 2020	Spring 2021	2020-21 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:**