

2024-2025 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.

I have completed my school's FERPA release form so that the Confinancial aid and awarding of my scholarship.	oke Foundation and my Financial Aid Officer can communicate regarding m No				
Scholar Name	Email				
College/University	Student ID #				
Please indicate your health insurance needs below: I do not need health insurance included in my cost of attendance Include health insurance – I plan to enroll in my university's health insurance plan					
Include health insurance – My health insurance is through Please indicate your housing plans On-campus Please include a computer in my cost of attendance	on a third-party provider Off-campus				
Scholar, please type your name to sign this form and forward this form to your financial aid office for completion.					
Scholar Signature	Date				

- Financial Aid Office please complete the budget/COA and financial aid information, sign & date on page 2, and send back to Scholar.
- The Cooke Scholarship is a last dollar scholarship. We look to maximize the scholarship by replacing work study, job earnings, student aid index (formerly expected family contribution), and/or any loans that are eligible for the Cooke Foundation to replace.
- Please contact <u>finances@jkcf.org</u> with any questions or clarifications.

COMPLETED BY FINANCIAL AID OFFICER

Cost of Attendance	Fall 2024	Spring 2025	2024-25 Total Cost of Attendance (=sum of all terms)
Tuition			
Fees (mandatory, course, & program)			
Health Insurance, if applicable			
Books & Supplies			
Room			
Board			
Personal/Miscellaneous			
Transportation/Travel			
Loan Fees, if applicable			
Other			
Description of other			<u> </u>
Dependent Care, if applicable			
Computer, if applicable			
Total COA per term			



COMPLETED BY FINANCIAL AID OFFICER

2024-25 Total

	A	warded Gift Aid	Fall 2024	Spring 2025	Awarded Gift Aid (=sum of all terms)		
		Pell Grant					
	SEOG State Scholarship/Grant Merit Based Institutional Aid						
	Need Based Institutional Aid						
	Health Insurance Grant/Waiver						
	Other Outside Scholarships/Grants						
	Total G	ift Aid per term					
	Non-Replaceabl	e Student Assets					
		udent Aid Index ed Family Contribution)					
	Total Amount n	ot coverable by Cooke Award*					
MAXIMUM COOKE FOUNDATION SCHOLARSHIP WITHOUT DISPLACING AID							
Fir	*List the amount that Foundation scholarshi nancial Aid Officer's Name:		on cannot cover if your school's	outside scholarship policy pre	vents replacement by the Cooke		
	Aid Officer's Email: Mailing Address for Payment:	Address for					
Fin	ancial Aid Officer's Signature:	Date:					
Ad	dditional Comments /	Information					