

2025-2026 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.

I have completed my school's FERPA release form so that the Co financial aid and awarding of my scholarship. Yes	poke Foundation and my Financial Aid Officer can communicate regarding my 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 att Include health insurance — I plan to enroll in my universit	ty'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	Off-campus At home with parents Yes No
Scholar, please type your name to sign this form and forward to Scholar Signature	·

- 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 2025	Winter 2026	Spring 2026	2025-26 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				
Dependent Care, if applicable				
Computer, if applicable				
Total COA per term				



COMPLETED BY FINANCIAL AID OFFICER

Awarded Gift	Aid Fall 2025	Winter 2026	Spring 2026	2025-26 Total Awarded Gift Aid (=sum of all terms)
Pell Gi	rant			
SI	OG			
State Scholarship/Gr	rant			
Merit Based Institutional	Aid			
Need Based Institutional	Aid			
Health Insurance Grant/Wa	iver			
Other Out Scholarships/Gra				
Total Gift Aid per t	erm			
Non-Replaceable Student As	ssets			
Total Student Aid In (Formerly Expected Family Contribu Total Amount not coverable Cooke Awa	e by			
MAXIM COOKE FOUNDAT SCHOLARSHIP WITHO DISPLACING	ION DUT			
*List the amount that the Cooke Cooke Foundation scholarship. Financial Aid Officer's Name:	Foundation cannot cover i	if your school's outside	scholarship policy prev	vents replacement by the
Financial Aid Officer's Email: Mailing Address for Payment:			Phone	#:
Financial Aid Officer's Signature:			Date:	
Additional Comments / Inform	nation			