

## 2025-2026 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.

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- 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	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**

Fall 2025

Spring 2026

**Awarded Gift Aid** 

2025-26 Total

**Awarded Gift Aid** 

		Pell Grant				
		SEOG				
	State Scho	olarship/Grant				
	Merit Based In	stitutional Aid				
	Need Based In	stitutional Aid				
	Health Insurance	Grant/Waiver				
	Other Outside Scholarships/Grants -					
	Non-Replaceable S	Student Assets				
	Total Student Aid Index (Formerly Expected Family Contribution)  Total Amount not coverable by Cooke Award*  MAXIMUM COOKE FOUNDATION SCHOLARSHIP WITHOUT DISPLACING AID					
Finan	oundation scholarship. cial Aid Officer's Name:	e Cooke Foundation	n cannot cover if your so	hool's outside schola	rship policy prevo	ents replacement by the Cooke
	Officer's Email: _ iling Address for Payment: - -				Phor	ne #:
Financ	cial Aid Officer's Signature:				Date:	