

JACK KENT COOKE



FOUNDATION

2026-2027 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 Cooke Foundation and my Financial Aid Officer can communicate regarding my financial aid and awarding of my scholarship. Yes 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 a third-party provider

Please indicate your housing plans On-campus Off-campus At home with parents

Please include a computer in my cost of attendance Yes No

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 finances@jkcf.org with any questions or clarifications.*

COMPLETED BY FINANCIAL AID OFFICER

Cost of Attendance	Fall 2026	Spring 2027	2026-27 Total Cost of Attendance (=sum of all terms)
Tuition			
Fees (mandatory, course, & program)			
Health Insurance, if applicable			
Books & Supplies			
Room (double occupancy housing)			
Board (most comprehensive meal plan)			
Personal/Miscellaneous			
Transportation/Travel			
Loan Fees, if applicable			
Other			
<i>Description of other</i>			
Dependent Care, if applicable			
Computer, if applicable			
Total COA per term			

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Awarded Gift Aid	Fall 2026	Spring 2027	2026-27 Total 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 Gift Aid per term			
Non-Replaceable Student Assets			
Total Student Aid Index <small>(Formerly Expected Family Contribution)</small>			
Total Amount not coverable by Cooke Award*			
MAXIMUM COOKE FOUNDATION SCHOLARSHIP WITHOUT DISPLACING AID			

*List the amount that the Cooke Foundation cannot cover if your school's outside scholarship policy prevents replacement by the Cooke Foundation scholarship.

Financial Aid Officer's Name: _____

Financial Aid Officer's Email: _____ Phone #: _____

Mailing Address for Payment: _____

Financial Aid Officer's Signature: _____ Date: _____

Additional Comments / Information