

Smith College
COST OF EDUCATIONAL EXPENSES
for the 9 Month Academic Year: September 200__ to May 200__

Name of Student _____ ID _____

Please enter the total amounts for the nine month academic period.

Rent		\$
Food		\$
Utilities	1. Phone	\$
	2. Electric	\$
	3. Gas	\$
	4. Internet	\$
Transportation Costs	1. Public Transportation	\$
Car Costs	1. Gas	\$
	2. Registration	\$
	3. Parking Permit	\$
	4. Insurance	\$
	5. Routine Maintenance	\$
Computer Accessories	1. Computer Disks	\$
	2. Printer Cartridges	\$
	3. Computer Paper	\$
Supplies	1. Books (amt. over \$800)	\$
	2. Notebooks	\$
	3. Pens/Pencils	\$
	4. Calculator	\$
Health	1. Dental insurance	\$
	2. Dental Care	\$
	3. Optometry Exam	\$
	4. Eye Wear	\$
	5. Prescriptions/Medicine	\$
	6. Disability-related costs (including therapy)	\$
Household Supplies		\$
Hygiene	1. Laundry	\$
	2. Personal Hygiene	\$
	3. Clothing	\$
Additional Programs	1. Study Abroad Program	\$
	2. Research Program	\$
	4. Child Care	\$
Other		\$
TOTAL		\$

I am an independent student, applying for additional loan funding to assist with these expenses.

Signature _____ Date _____

Please note if you are indicating expenses for dental care, optometry exam, eye wear, medical costs or disability-related costs a itemized statement must be attached to this form when submitted. Failure to include will delay processing of any loans.