

*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.

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

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.**