Cost of Attendance Worksheet

Student Financial Services
2016 – 2017
PHONE: 301-891-4005
FAX: 301-891-4167

Name ___________________________________________ Student ID ____________________________

Number of Family Members (i.e., children, spouse) _____________________________________________

(Amounts should reflect monthly costs)

Rent __________________________
Utilities _______________________
Metro Pass _____________________
Car Note ______________________
Insurance ______________________
Food __________________________
Medical Insurance ______________
Medical Bills _________________
Dependent Care ________________
Other (Please list and give dollar amount)
________________________________________
________________________________________
________________________________________

Signature

This worksheet is intended to demonstrate the increase in your “cost of attendance budget” which will allow you to borrow additional funds and beyond what we have calculated. This does not affect the amount of gift aid in your financial aid package.

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