# Cost of Attendance Worksheet 2021-2022

**Student Financial Services**  
**2021-2022**  
**PHONE:** 301-891-4005  
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<table>
<thead>
<tr>
<th>Name ________________________________</th>
<th>Student ID ____________________________</th>
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**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** ____________________________  
**Date** ____________________________

*This worksheet is intended to demonstrate the increase in your “cost of attendance budget” which may 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. Supporting documentation for each component must be submitted along with this worksheet.*