



# Cost of Attendance Worksheet 2021-2022

Student Financial Services  
2021-2022  
PHONE: 301-891-4005  
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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*

\_\_\_\_\_  
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.*