

Student Name: _____

PART 2: EXPENSES PER SEMESTER

Variable expenses:

Tuition: \$ _____

Fall or Spring:

Check the KCJS website (www.kcjs.columbia.edu, click Finances) to determine if your school charges home school tuition or the KCJS tuition.

Home School Tuition: (varies)

KCJS tuition Fall 2009 or Spring 2010 : \$16,750

Summer:

KCJS summer 2010 tuition: TBA

Meals: \$ _____

This expense will vary depending on your living situation.

Fall or Spring: Live with host family: \$1,200 or Live in apartment: \$4,000

Summer: \$1,200

Other (specify): _____ \$ _____

Standard estimated budget:

	Fall or Spring	OR	Summer
Program Fee (or summer housing):	\$ 5,500		\$ 2,000
Airfare:	\$ 1,700		\$1,700
Personal Expenses:	\$ 2,800		\$1,050

TOTAL EXPENSES \$ _____

PART 3: CONTRIBUTIONS/FUNDING PER SEMESTER

Please consult your financial aid adviser in completing the section below and have your adviser sign the **Financial Aid Adviser Information** below.

Parental contribution \$ _____

Student contribution \$ _____

Scholarships (specify) \$ _____

Grants (specify) \$ _____

Loans (specify) \$ _____

Other (specify) \$ _____

TOTAL FUNDING \$ _____

TOTAL PROJECTED NEED \$ _____

(Total expenses in Part 2 minus total funding in Part 3)

Student Name: _____

FINANCIAL AID ADVISER INFORMATION

- I verify that the above student is receiving financial aid and that the attached information is accurate.
- The attached estimates are based on academic year 20__ - 20__ .
- If the cost of the program exceeds the cost of attending your institution, does your institution provide additional funding in the form of:
 - Grants
 - Loans
 - Other (specify):
- If the student receives work study funding, will it be replaced by:
 - Grants
 - Loans
 - Other (specify):
- Attached please find a copy of the student's award letter.
- Please share any other comments about why this student might be particularly high need.

NAME OF FINANCIAL AID ADVISER (PLEASE PRINT) _____ COLLEGE/UNIVERSITY _____

SIGNATURE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

PART 4: STATEMENT OF FINANCIAL NEED

For students who are not receiving financial aid:

- Please complete a FAFSA (fafsa.ed.gov) and have them send a Student Aid Report to your home school. You should also download a copy of your Student Aid Report to attach to this application. Please consult with a Financial Aid Officer and have your FAO complete Part 3.
- On a separate sheet, please tell us why you do not receive financial support from your home institution and/or family and any other extenuating circumstances. Please also provide a detailed explanation of how you have paid for your education to date.

PART 5: CERTIFICATION AND RELEASE

I certify that the information given by me on this application, including any supplementary materials, is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application. I understand that KCJS will report any scholarship award to my Financial Aid Office and that retroactive adjustments may be made to take the scholarship into account. I understand that I will be required to submit a report about my KCJS experience to the KCJS Governing Board that may be used in program materials.

NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____