

Vienna, Austria – AHA International

This form is to be used as an aid in understanding program costs and to help develop a financial plan. The amounts listed are for estimating purposes only; actual amounts may vary and are subject to change without notice.

Student Name: _____ A/C Term/Year of study: Summer 2012

If you are interested in this program and need an up-to-date cost estimate, contact the ACP office.

Program fees that Alma College will invoice for off-campus study:

_____	*Tuition
\$500	*Alma College Enrollment Fee

Additional costs that are the student's responsibility:

_____	Room & Board
_____	Other Fees

PLEASE NOTE:

The amounts listed are for estimating purposes only; actual amounts may vary. In the event that off-campus Program Fees exceed Alma College fees for this program, the student will be billed for the additional amount.

ESTIMATED TOTAL

All travel arrangements and additional costs are the responsibility of the student. Program fees marked with an (*) are estimated based on 2009/10 prices and are subject to change.

Student Financial Assistance Office Section *(please allow 48 hours for processing):*

Your estimated financial aid award for the term will be: _____ **

This aid amount includes: ☐ Alma Funds: _____ ☐ Student Loans: _____
☐ State/Federal Grants: _____ ☐ PLUS Loan: _____
☐ Other: _____

** This award amount is a point-in-time estimate and subject to change based on Alma College receiving/processing your FAFSA information. Financial Aid for Fall Term will be estimated over the summer; all anticipated aid can be viewed through your student portal. Please note you will need to meet Federal and State FAFSA deadlines and funding from State and Federal programs may decrease because of changes to program funding which is beyond the control of Alma College.

I have reviewed and discussed the financial requirements with the above mentioned student and have provided them with an estimated Student Financial Assistance package.

Signed: _____ Dated: _____
 I have been advised to verify my financial aid package the term prior to participating in the OCS program. (Initial) _____

RETURN COMPLETED FORM TO ACADEMIC AND CAREER PLANNING