

Cost Estimate Worksheet Italy, Siena - GEO (Global Education Oregon)

This form is used to help develop a financial plan. *The amounts listed are for estimating purposes only.* Actual amounts billed to your student account may vary due to personal selection and/or assignment and are subject to change without notice.

The estimated fees below are based on the program's published prices from Fall 2018. When the fees are added to a student's account, they will be adjusted to the program's updated prices.

Student Name: _____ Student ID: _____ A/C Term /Year of study: **Fall ~ 2019**
Program Dates: late Sept. - early Dec.
10 1/2 week program

Estimated Program Fees invoiced to Alma College and added to your Alma College Student Account:

\$ _____	11,708	Program Provider tuition, academic excursions, some course materials, pre-departure and on-site support. Refer to the program website for a complete description of amenities included.
\$ _____	1,793	Program Provider Room fees for shared bedroom in furnished apartment or a student residence; meals are not included. Refer to the program website for a complete description of amenities included.
\$ _____	36	Local transportation pass
\$ _____	238	Program Provider Insurance
\$ _____	-500	GEO deposit required that student must pay within one week of being admitted by GEO to their program (fee listed below under "additional estimated costs")
\$ _____	490	Alma College Off-Campus Study Administrative Fee
\$ _____	13,765	Estimated Fees

Additional Estimated Expenses listed below are paid out-of-pocket to service providers, travel agents, etc. Fill in the blanks with any required/optional expenses and personal spending to help complete an estimate of your financial costs.

\$ _____	50	Application Fee	\$ _____	90	Cell Phone provided, usage fee not included
\$ _____	500	GEO deposit required of student (see above)	\$ _____		Communication/Internet Usage
\$ _____	1,100	Meals not included in program	\$ _____		Host family gift / Souvenirs
\$ _____	155	Passport & Associated Fees	\$ _____		Laundry
\$ _____	600	Personal Expenses	\$ _____	10	Transcript fees if program requires official Alma transcript(s)
\$ _____	1,600	Round Trip Air Travel	\$ _____	50	Travel Clinic & Pre-departure Physical
\$ _____			\$ _____		Other (list)
\$ _____	4,005	Estimated Additional Costs	\$ _____		Total of above to add to ESTIMATED TOTAL

\$ 17,770 ESTIMATED TOTAL FOR PROGRAM

Circle One: Yes No Are you a language major attending a language program off-campus? If yes, you may have the option to pay Alma College tuition and receive Alma College aid. See Financial Aid Office for more information.

Students attending an off campus study program must take this form to the Financial Aid Office to be completed. While there, schedule an appointment with a representative to discuss your financial aid package. Once completed, the Coordinator of Financial Counseling in the Center for Student Opportunity can also provide financial advice.

TO BE COMPLETED BY FINANCIAL AID OFFICE

\$ _____ ** This is your financial aid award that will apply for Off-Campus Study for the above mentioned term:

\$ _____	State/Federal Grants	\$ _____	Other:
\$ _____	Student Loans	\$ _____	Other:
\$ _____	PLUS Loans	\$ _____	Other:

Potential eligible Venture Funds not included in Financial aid award total above \$ _____

Alma funds ineligible for Off-Campus Study and not included in Financial aid award total above \$ _____

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

I have reviewed & discussed the financial requirements with the above mentioned student and provided an estimated financial aid package.

Financial Aid Office signature: _____ Date: _____

I understand that it is in my best interest to verify my financial aid package prior to participating in the program.

Student Signature: _____ Date: _____