

## Cost Estimate Worksheet Ghana, Accra - 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 August - early December  
15 weeks

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

\$	_____	9,674	Tuition of Program Provider, academic excursions, course materials, pre-departure and on-site support. Refer to program website for additional services.
\$	_____	1,976	Program Provider fees for housing in a hostel with other international students. Refer to the program website for full details of hostel amenities. Additional fees will be added if student requests homestay placement.
\$	_____	300	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
\$	_____	<b>11,940</b>	<b>Estimated Fees</b>

### 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	\$	_____	250	Books, Supplies, etc.
\$	_____	500	GEO deposit required of student (see above)	\$	_____	_____	Cell Phone/Communication/Internet Usage
\$	_____	_____	Identity Card for non-Ghanaian, contact GEO	\$	_____	_____	Cultural Events / Entertainment
\$	_____	750	Immunizations	\$	_____	_____	Immunizations, if applicable
\$	_____	900	Local transportation	\$	_____	_____	Laundry
\$	_____	2,025	Meals	\$	_____	10	Transcript fees if program requires official Alma transcript(s)
\$	_____	155	Passport & Associated Fees	\$	_____	_____	Personal Expenses
\$	_____	750	Personal Expenses	\$	_____	50	Travel Clinic & Pre-departure Physical
\$	_____	1,500	Round trip airfare	\$	_____	_____	Other (list)
\$	_____	160	Visa Fees	\$	_____	_____	Other (list)
\$	_____	<b>6,790</b>	<b>Estimated Additional Costs</b>	\$	_____	_____	<b>Total of above to add to ESTIMATED TOTAL</b>

**\$ 18,730 ESTIMATED TOTAL**

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: \_\_\_\_\_