

CENTER FOR STUDENT OPPORTUNITY

Off-Campus Study
Alma College
(989) 463 7247
offcampusstudies@alma.edu

Cost Estimate Worksheet Germany, Kassel - Europa-Kolleg Kassel, e.V.

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 Summer 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: Summer ~ 2019
Approx Program Dates: 3, 4, 8, & 11 wk. programs

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

	<i>Four Week Program Estimate</i>	
\$ _____	1,250	Tuition of Program Provider (intensive language program, 4 weeks) Program offers 3, 4, 8, & 11 week programs in the summer, dates vary. Contact Off-Campus Study to discuss options and fees relative to different lengths of study.
\$ _____	950	Room and Board of Program Provider: Host family with all meals on weekends, breakfast and dinner during the week.
\$ _____	490	Alma College Off-Campus Study Administrative Fee
\$ _____	2,690	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.

\$ _____	75	Immigration Registration in Germany	\$ _____	Books and materials
\$ _____	120	Meals not included with host family (weekday lunches)	\$ _____	Cell Phone/Communication/Internet Usage
\$ _____	155	Passport & Associated fees	\$ _____	Cultural Events / Entertainment
\$ _____	1,400	Round Trip Airfare	\$ _____	Host Family Gift / Souvenirs
\$ _____	70	Transportation Pass (€15 weekly fee)	\$ _____	Incidentals
\$ _____	1,820	Estimated Additional Costs	\$ _____	Laundry
			\$ _____	Personal Expenses
			\$ _____	Train Travel between Frankfurt Airport and Kassel
			\$ _____	10
			\$ _____	Transcript fee if program requires official Alma transcript(s)
			\$ _____	Other (list)
			\$ _____	Total of above to add to ESTIMATED TOTAL

\$ 4,510 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

Check this box if Financial Aid will not be awarded for this summer program.

\$ _____ ** Your financial aid award for the above mentioned term includes the following:
 \$ _____ State/Federal Grants
 \$ _____ Alma Funds
 \$ _____ Other:

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

Summer programs awarding less than 6 credits are not eligible for most loans. To cover the costs of this program after all other forms of aid you and/or your parents can apply for:
 The Parent PLUS Loan Program (www.alma.edu/finaid/loans) The Private Loan Program (www.alma.edu/finaid/loans) Not eligible for other programs

**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: _____

UPLOAD COMPLETED FORM TO YOUR OFF-CAMPUS STUDENT ACCOUNT