

CENTER FOR STUDENT OPPORTUNITY

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

Cost Estimate Worksheet USA, Washington DC - The Washington Center

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 Winter 2019. 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: **Winter ~ 2021**
Program Dates: approximately 15 weeks

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

\$ _____	8,700	Tuition of Program Provider
\$ _____	6,200	Housing in a professional living community within the Residential and Academic Facility (RAF) in NoMa. Students live in furnished two bedroom, two bath apartments for four people near Capitol Hill and Union Station with amenities such as basic cable, internet, and utilities. The program provides many household amenities; i.e. dishes, microwave, furniture, etc. Refer to the program's website for full details. Meals are not included.
\$ _____	490	Alma College Off-Campus Study Administrative Fee
\$ _____	15,390	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.

\$ _____	60	Application Fee	\$ _____	Books and academic materials
\$ _____	2,700	Miscellaneous living expenses estimated at \$175/week, 15 weeks. This figure will vary based on a student's personal preference and spending habits. Expenses considered are food, course materials, supplies, cultural events, entertainment, laundry, living expenses, public transportation, taxis, etc. This budget takes into consideration food is purchased and prepared at home.	\$ _____	Cell Phone/Communication/Internet Usage
\$ _____	350	Transportation, round trip home to program:	\$ _____	Entertainment (museums and monument touring are free)
\$ _____	3,110	Train travel at \$250 or airfare at \$400	\$ _____	Incidentals
\$ _____			\$ _____	Laundry
\$ _____			\$ _____	Personal Expenses
\$ _____			\$ _____	Souvenirs
\$ _____			\$ _____	Transcript fee if program requires official Alma transcript(s)
\$ _____			\$ _____	Other (list)
\$ _____			\$ _____	Other (list)
\$ _____			\$ _____	Total of above to add to ESTIMATED TOTAL
\$ _____	18,500	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 for the above mentioned term and it includes the following:

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

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: _____