

CENTER FOR STUDENT OPPORTUNITY

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

Cost Estimate Worksheet Argentina, Rosario - 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 Summer 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: **Summer ~ 2020**
Approx. Program Dates: 6 weeks, late June - early Aug.

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

\$ _____	4,207	Program Provider Tuition; fees vary based on program choice and include academic excursions, course materials, pre-departure and on-site support.
\$ _____	720	Program Provider Room: housing with host family, single room. Breakfast and dinner provided by host family. Refer to the program website for additional services and
\$ _____	48	Local Transportation
\$ _____	150	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
\$ _____	5,115	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	\$ _____	50	Cell Phone/Communication/Internet Usage
\$ _____	500	GEO deposit required of student (see above)	\$ _____		Course Materials
\$ _____	350	Meals, additional costs	\$ _____		Laundry
\$ _____	155	Passport & Associated Fees	\$ _____		Host Family Gift/ Souvenirs
\$ _____	300	Personal Expenses	\$ _____	10	Transcript fees if program requires official Alma transcript(s)
\$ _____	1,400	Round Trip Air Travel	\$ _____	50	Travel Clinic & Pre-departure Physical
			\$ _____		Other (list)
			\$ _____		Other (list)
\$ _____	2,755	Estimated Additional Costs	\$ _____		Total of above to add to ESTIMATED TOTAL

\$ 7,870 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