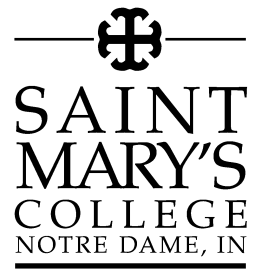


Financial Aid

Statement of Family Expenses-Dependent



Student Name _____

Student ID Number _____

Your daughter's financial aid application reported a limited amount of income. We need additional information regarding your expenses and how you paid for these expenses with the reported income to better evaluate your financial need and your ability to contribute toward educational expenses.

Annual Family Expenses	Actual 2014 Expenses	Estimated 2015 Expenses
1) Mortgage or Rent		
2) Food		
3) Clothing		
4) Transportation (gas, repairs, auto payment)		
5) Insurance		
6) Utilities		
7) Medical and Dental (not covered by insurance)		
8) Loan payments made (identify lender and reason for loan)		
9) Elementary or Secondary Tuition		
10) Other		
TOTAL ANNUAL EXPENSES		

(OVER)

Please provide a detailed explanation on how you paid your expenses in 2014 with the reported income and how you plan to meet your estimated 2015 expenses.

How much will you (the parent) be able to contribute toward your daughter's 2015-16 educational expenses?

\$ _____

I/We certify that the information listed is a complete and accurate breakdown of our estimated expenses. Furthermore, if any of the above information changes, I/we will immediately notify the Saint Mary's College Financial Aid Office in writing of the changes.

Student Signature

Date

Parent Signature

Date