

FORM 08 - IDAHO STATE UNIVERSITY  
STATEMENT OF ACTUAL STUDENT EXPENSES  
DURING THE SCHOOL YEAR 2009-2010

09-10

08-10

Although Idaho State University uses average costs to determine your standard cost of attendance, additional costs may be allowed on a case by case basis. Please provide information regarding your actual student expenses by completing this form and following the instructions below.

Office of Financial Aid, Idaho State University  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208) 282-2756 Fax: (208) 282-4755

University Place, Bennion Student Union  
1784 Science Ctr Dr, Idaho Falls, ID 83402  
Phone: (208) 282-7704 Fax: (208) 282-7726

Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- Complete page 2 and attach any required documentation.** Schedule an appointment with a financial aid counselor (see #2 below). **You must bring your completed Statement of Actual Student Expenses form and all required documentation to your appointment.** Your request will not be considered unless you provide adequate, appropriate documentation and meet with a counselor from the Office of Financial Aid.
- Schedule an appointment with a Financial Aid Counselor.** Call the Office of Financial Aid at (208)282-2756, or come to the office in room #337 of the Museum Building, to schedule an appointment. If you are a student on the Idaho Falls campus, call (208)282-7800, or come to the Bennion Student Union Building Student Services Office.
- The Financial Aid Counselor you meet with will determine applicable costs that will be allowed.

OFFICE USE ONLY

COMMENTS: _____	
_____	
_____	
_____	
Administrator _____	Date _____

STATEMENT OF ACTUAL STUDENT EXPENSES  
DURING SCHOOL YEAR 2009-2010

	Monthly Amount	OFFICE USE ONLY
<b>Expenses:</b>		
Rent/Mortgage (Attach documentation) . . . . .	\$ _____	\$ _____
Utilities:(Attach documentation)		
Electricity . . . . .	\$ _____	\$ _____
Heat . . . . .	\$ _____	\$ _____
Sewer, water, & garbage . . . . .	\$ _____	\$ _____
Internet service . . . . .	\$ _____	\$ _____
Telephone . . . . .	\$ _____	\$ _____
Transportation:		
Car insurance (Attach documentation) . . . . .	\$ _____	\$ _____
Gas/maintenance (Attach maintenance receipts) . . . . .	\$ _____	\$ _____
Commuter bus fare (Attach receipts) . . . . .	\$ _____	\$ _____
Commuter costs . . . . .	\$ _____	\$ _____
Days per week _____ (Fall Semester)		
Days per week _____ (Spring Semester)		
Days per week _____ (Summer Session)		
Miles per day _____		
Commuting from _____ to _____		
Child Care (Attach a bill of charges to date or monthly bill or letter from provider outlining hours and charges per day, week or month.)	\$ _____	\$ _____
Day Care Provider _____		
Names of children in daycare _____		
Personal:		
Medical insurance (Attach documentation) . . . . .	\$ _____	\$ _____
Medical/Dental Expenses (Attach documentation) . . . . .	\$ _____	\$ _____
Miscellaneous . . . . .	\$ _____	\$ _____
Books (Attach documentation) . . . . .	\$ _____	\$ _____
Other miscellaneous expenses (Attach documentation.):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**CERTIFICATION:** I certify that the information provided on this form is true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_