

FORM ACTEXP - IDAHO STATE UNIVERSITY
**STATEMENT OF ACTUAL STUDENT EXPENSES
DURING THE SCHOOL YEAR 2026-2027**

26-27

ACTEXP-27

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, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: www.isu.edu/financialaid/upload

University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr. Idaho Falls, ID 83402 Phone: (208)282-7704

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#))

Address: _____
Street City St Zip

*Required

- 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 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 _____ |

Typed signatures not accepted

STATEMENT OF ACTUAL STUDENT EXPENSES
DURING SCHOOL YEAR 2026-2027

| | Monthly Amount | OFFICE USE ONLY |
|--|-------------------|-----------------------|
| Expenses: | | |
| Rent/Mortgage (Attach documentation) | \$ _____ | \$ _____ |
| Utilities: (Attach documentation) | | |
| Electricity | \$ _____ | \$ _____ |
| Heat | \$ _____ | \$ _____ |
| Sewer, water, & garbage | \$ _____ | \$ _____ |
| Internet service | \$ _____ | \$ _____ |
| Telephone | \$ _____ | \$ _____ |
| Transportation: | | |
| 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 (<i>Attach a bill of charges to date or monthly bill or letter from provider outlining hours and charges per day, week or month.</i>) | \$ _____ | \$ _____ |
| 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): Do not include credit card bills, car payments, or car insurance. | | |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Total: | \$ _____ | \$ _____ |

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Typed signatures not accepted