

Student Name: _____

| UNDERGRADUATE STUDENT | | GRADUATE STUDENT | |
|------------------------------------|--------------------------------|---|---|
| Tuition and Fees \$ _____ | | Tuition and Fees \$ _____ | Tuition and Fees \$ _____ <input type="checkbox"/> |
| Room and Board \$ _____ | | | |
| File FAFSA as dependent | | File FAFSA as dependent | |
| Undergraduate Merit \$ _____ | | Undergraduate Merit \$ _____ | |
| Undergraduate Gift Aid \$ _____ | | Undergraduate Gift Aid \$ _____ | |
| Loans \$ _____ | | Loans \$ _____ | |
| | | Total Aid \$ _____ | |
| | Out of Pocket Cost \$ _____ | | Out of Pocket Cost \$ _____ |
| | | Tuition and Fees \$ _____ | Tuition and Fees \$ _____ |
| | | Room and Board \$ _____ | Room and Board \$ _____ |
| | | File FAFSA as independent | File FAFSA as independent |
| | | Pharmacy Impact Scholarship \$ _____ | Pharmacy Impact Scholarship \$ _____ |
| | | | |
| | | Loans \$ _____ | Loans \$ _____ |
| | | Total Aid \$ _____ | Total Aid \$ _____ |
| | | Out of Pocket Cost \$ _____ | Out of Pocket Cost \$ _____ |