

Total	\$	\$
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STEP THREE:

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED EXPENSES FOR 2022

ANTICIPATED EXPENSES 1/1/2022 TO 12/31/2022	STUDENT	PARENT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

SUBMIT THIS FORM AND THE REQUIRED DOCUMENTATION FROM STEP ONE TO THE FINANCIAL AID OFFICE.

YOU SHOULD EXPECT A DECISION OR A REQUEST FOR ADDITIONAL INFORMATION FROM THE FINANCIAL AID OFFICE OFFICE WITHIN 2 WEEKS FROM THE TIME THAT YOUR REQUESTED INFORMATION IS SUBMITTED

The Office of Financial Aid reserves the right to request additional information if deemed necessary. It is the student's responsibility to check on the final outcome of this professional judgment.

Student Signature: _____ Date: ___/___/___

Parent Signature: _____ Date: ___/___/___

Financial Aid Use Only

Financial Aid Advisor or Administrator _____
Decision _____ Date: ____ / ____ / ____

Comments: _____

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Paine College on the basis of race, color, national origin, religion, sex, age, veteran status or disability