

Student Name: \_\_\_\_\_

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