



LAKE FOREST
COLLEGE

Office of Financial Aid
555 North Sheridan Road
Lake Forest Illinois 60045-2399
Phone: 847-735-5015
Fax: 847-735-6271

Loan Supplemental Statement: Request to Include Special Expenses

Student's Name: _____

Lake Forest ID# _____

Place a "✓" in each box that applies to your needs. When space is provided, indicate the amount needed for the entire academic year.

- | | |
|---|-----------------|
| <input type="checkbox"/> Health Insurance | \$940 |
| <input type="checkbox"/> Senior Dues | \$65 |
| <input type="checkbox"/> Books | \$ _____ |
| <input type="checkbox"/> Computer | \$ _____ |
| <input type="checkbox"/> Single Room | \$ _____ |
| <input type="checkbox"/> Study Abroad (program fees, etc) | \$ _____ |
| <input type="checkbox"/> Theater Tickets | \$ _____ |
| <input type="checkbox"/> Travel to / from Campus * | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |
| Total | \$ _____ |

If necessary to secure a loan to cover the amount owed, may we reduce/eliminate Work-Study? Yes No

* Documentation

>> If traveling by plane, train or bus, show us how you estimate the cost [copy of travel itinerary, printout from Web site (airline, Expedia.com, etc). and the number of trips expected].

>> You may include estimated cab fare from the airport, bus/train station.

>> If traveling by car, provide the estimated round trip mileage from your house to the College.

miles, home to campus _____ x 2 = roundtrip miles _____

trips x _____

Total miles = _____

Certification

This information is true to the best of my knowledge. I agree to provide any and all documentation to support the figure. I understand that by giving false or misleading information I may be subject to a fine, prison sentence, or both.

Borrower's Signature

Date

Printed Name

Date