



LAKE FOREST
COLLEGE

2022 - 2023 Educational Expense Form

Complete this form to report tuition payments of at least \$2000 made for the 2022-2023 academic year (July 2022 – June 2023).

Please Print

Student's Name: _____ Lake Forest ID# or Last four of SSN: _____

I am a new student at Lake Forest I am a returning student at Lake Forest

Parent Completing this Form: _____

Parent's Daytime Phone: (_____) _____ - _____ Parent's E-Mail: _____

➤ Step 1. Identify K-12 expenses paid for the student's younger sibling's education.

➤ FIRST: What Can You Include?

- Include costs through high school only.
- Include the amount paid for the 2022-23 academic year, by the parent completing the FAFSA of the student named above.
- Include only tuition and mandatory fees, **minus any financial aid** received.

➤ SECOND: Details

Name: _____ Age: ____ School: _____ Cost: \$ _____

Name: _____ Age: ____ School: _____ Cost: \$ _____

Name: _____ Age: ____ School: _____ Cost: \$ _____

➤ THIRD: Provide Documentation

Attach proof of the costs and/or amount owed (billing statement, statement of fees from school website, etc.).

➤ Step 2. Identify college expenses paid for the student's parent's education.

➤ FIRST: What Can You Include?

- The amount you (the applicant's custodial parent) are responsible for paying during the 2022-2023 academic year.
- The cost of your tuition, mandatory fees and books, minus any financial aid or employer reimbursement you receive.

➤ SECOND: Details Which Parent: Father Mother Degree Expected: Undergraduate Graduate

School: _____ Program: _____

Dates of Attendance: ____/____/____ to ____/____/____ Program Completion Date: ____/____/____ Cost: \$ _____
** 2022-2023 academic year ** for '22-'23 acad yr only

➤ THIRD: Provide Documentation

Attach proof of the costs and/or amount owed (billing statement, statement of fees from school website, etc.).

➤ Step 3. Signatures

Certification: All information provided is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison or both.

Parent's Signature – we cannot accept a typed signature _____ Date _____

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338
lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone & Fax: 847-735-5103

Office Use Scanned Data Entry Done Doc'n Complete: Yes No If "no" family notified? ____/____ NEW RETG

Orig EFC: _____ Adj EFC: _____ Total Part 1: \$ _____ Total Part 2: \$ _____ Initials/Date: _____

Notes: