LAKE FOREST COLLEGE

2026 - 2027 Educational Expense Form

Complete this form if you are the parent whose information is reported on this student's FAFSA **and** you will pay tuition costs of at least $2000 for Kindergarten–College during this academic year. Do not include the Lake Forest student for whom this form is being completed. If you also submit an **Educational Loan Form**, we cannot consider the same costs reported on both forms.

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: _____

➢ Step1. What Can You Include?

- **Net Cost** you will pay between July 2026 and June 2027 for children other than the Lake Forest student named above.
- If you are sharing the cost with another person (former spouse, grandparent, etc.) **include only your portion of the cost.**
- For K-12 costs: tuition and mandatory fees, minus scholarships, grants, employer benefit, etc.
- For college costs: complete only the first three items below, but **not** "Net Cost". Provide a copy of the latest Award Letter. **Also note on the Award Letter** if costs are shared with another person, and the percentage you pay.
- Exclude any payment to be made from a **529 Plan** (Pre-Paid Tuition Plan or College Savings Plan)

➢ Step 2. Details for Each Student (include parent, if applicable)

Name:_____ Age:____ School:_____ Yr in School: _____ Net Cost: $_____

Name:_____ Age:____ School:_____ Yr in School: _____ Net Cost: $_____

Name:_____ Age:____ School:_____ Yr in School: _____ Net Cost: $_____

Name:_____ Age:____ School:_____ Yr in School: _____ Net Cost: $_____

➢ Step3. Additional Details if a Parent(s) is Enrolled and Listed Above

Parent 1:

Program Type: ❑Undergrad ❑Graduate ❑Certification

Program Name : _____

Program Completion Date: ___/___/___

Parent 2:

Program Type: ❑Undergrad ❑Graduate ❑Certification

Program Name : _____

Program Completion Date: ___/___/___

➢ Step4. Documentation Required; this form will not be processed without reasonable and sufficient supporting documents.

- **Attach proof of the costs and amount owed for each student**. To document K-12 costs, provide the most recent billing statement or financial aid letter. To document college costs, provide the latest financial aid award letter.

➢ 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 mailed or faxed.

Office of Financial Aid ◆ 555 North Sheridan Road ◆ Lake Forest Illinois 60045-2438

lakeforest.edu/finaid ◆ finaid@lakeforest.edu ◆ Phone: 847-735-5103 ◆ Fax: 847-735-6271

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

Orig EFC: _____ Adj EFC: _____ **Total Used:** $_____ Initials/Date: _____

Notes: