



LAKE FOREST
COLLEGE

2019 - 2020 Educational Expense Form

Complete this form to report tuition payments of at least \$2000 made for the 2019-2020 academic year (July 2019 – June 2020).

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: _____

Part 1. Tuition Paid for the Applicant's Younger Siblings. Do not include what you pay for other college students.

➤ Step 1. What Can You Include?

- Include costs for kindergarten through high school.
- Include the amount paid for the 2019-20 school year, by the parent who completed the FAFSA of the student named above.
- Include only tuition and mandatory fees, **minus any financial aid** received.

➤ Step 2. Details

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

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

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

➤ Step 3. Provide Documentation

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

Part 2. Tuition Paid for Applicant's Parent

➤ Step 1. What Can You Include?

- The amount you (the applicant's custodial parent) are responsible for paying during the 2019-2020 academic year.
- The cost of your tuition, mandatory fees and books, minus any financial aid or employer reimbursement you receive.

➤ Step 2. Details

Which Parent: Father Mother Degree Expected: Undergraduate Graduate

School: _____ Program: _____

Dates of Attendance: ____/____/____ to ____/____/____ Program Completion Date: ____/____/____ Cost: \$ _____

**** 2019-2020 academic year ****

➤ Step 3. Provide Documentation

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

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

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

www.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

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

Notes: