



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

UNDERGRADUATE STUDENT				GRADUATE STUDENT		
, , , , , , , , , , , , , , , , , , ,						
Tuition and Fees		Tuition and Fees	Tuition and Fees			Tuition and Fees
\$		\$	\$?			\$
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				
\$		\$				
Loans		Loans				Loans
		\$				\$
		Total Aid				Total Aid
		\$				\$
		Out of Pocket Cost			Out of Pocket Cost	Out of Pocket Cost
		\$			\$	\$