

Lake Superior State University

Office of Financial Aid • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783
Fax: (906) 635-6669

STATEMENT OF EXPENSES 2008-09

STUDENT NAME: _____ ID _____

PARENT'S NAME (for dependent students under the age of 24): _____

The Financial Aid Office needs to have additional information regarding your expenses and how you paid for these expenses income to better evaluate your financial need and ability to contribute toward educational expenses. Please complete the information below and sign and return form to the Financial Aid Office.

ANNUAL FAMILY EXPENSES	ACTUAL 2007	ESTIMATED 2008
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1. Mortgage or Rent Monthly rate \$ _____ x 12	_____	_____
2. Food Weekly rate \$ _____ x 52	_____	_____
3. Clothing	_____	_____
4. Transportation (gas, repairs, auto. payment, insurance)	_____	_____
5. Insurance	_____	_____
6. Utilities	_____	_____
7. Medical and Dental (not covered by insurance)	_____	_____
8. Loan payments (identify lender and reason for the loan)	_____	_____
9. Other	_____	_____
10. TOTAL ANNUAL EXPENSES	_____	_____

Please provide a detailed explanation how you paid your expenses in 2007 with the income you reported on your FAFSA and how you plan to meet your estimated expenses in 2008.

I/We certify that the information listed is a complete and accurate breakdown of our estimated expenses. I/We further certify that if any of the above information changes, the Financial Aid Office will be notified in writing of the changes immediately.

Student's Signature

Date

Parent Signature (dependent student)

RETURN FORM TO:

Lake Superior State University
Financial Aid Office
650 West Easterday Avenue
Sault Ste. Marie, MI 49783-1699