



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783
906-635-2678 • Fax: 906-635-6669

STATEMENT OF EXPENSES
2009-10

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 2008	ESTIMATED 2009	SOURCE OF FUNDS
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 2008 with the income you reported on your FAFSA and how you plan to meet your estimated expenses in 2009.

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)

PLEASE DO NOT WRITE BELOW THIS LINE
Total of Estimated In-Kind Support for 2009 \$ _____
Evaluated by _____

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