



OXY FINANCIAL AID EXPENSE STATEMENT 2011-2012

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid*

Please note that not all expenses are recognized for the purpose of financial aid.

This form reports the expenses of: _____ Student
Parent Name (print)

EXPENSES Monthly Expenses Academic Year 2011-2012

- | | |
|---|----------|
| 1. Books and Supplies (for student only) | \$ _____ |
| 2. Rent or Mortgage (\$_____/month) (exclude if living on-campus) | \$ _____ |
| 3. Food (\$_____/month) (exclude if you have a campus meal plan) | \$ _____ |
| 4. Utilities | |
| Gas and Electric (\$_____/month) | \$ _____ |
| Water and Trash (\$_____/month) | \$ _____ |
| Telephone (\$_____/month) | \$ _____ |
| 5. Personal | |
| Medical, dental, vision, and prescriptions | \$ _____ |
| Clothing | \$ _____ |
| Recreation | \$ _____ |
| Miscellaneous (toiletries, etc.) | \$ _____ |
| 6. Transportation | |
| Gas (\$_____/month) | \$ _____ |
| Car maintenance/repairs | \$ _____ |
| Car insurance | \$ _____ |
| 7. Child care (if applicable) | \$ _____ |
| 8. Other (please specify) _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL EXPENSES: (If expenses exceed income, please attach a statement explaining how you meet your expenses.) Add items 1-8. | \$ _____ |

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature of Person Completing Form

Print Name

Date