	RM ACTEXP - Idaho State University ATEMENT OF ACTUAL STUDENT EXPENSES	24-25	ACTEXP-2	5		
	RING THE SCHOOL YEAR 2024-2025					
attend inform	ugh Idaho State University uses average costs to determine your stand dance, additional costs may be allowed on a case by case basis. Plea nation regarding your actual student expenses by completing this form ring the instructions below.	se provide				
921 S Phone Scan	of Financial Aid, Idaho State University, Museum Building, Third Floor 8th Ave, Stop 8077, Pocatello, ID 83209-8077 e: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu and Upload: www.isu.edu/financialaid/upload rsity Place, Bennion Student Union Building, Student Services Office					
1784 Science Center Dr. Idaho Falls, ID 83402 Phone: (208)282-7704						
kStud	ent Name:					
	e or black ink) Last	First	M.I	-		
'ISU I	D: *Last 4 Digits of	Social Sec	urity #:			
Addre						
Require	Street d	City	St Zip			
1.	Complete page 2 and attach any required documentation. Sched counselor (see #2 below). You must bring your completed Statem all required documentation to your appointment. Your request wadequate, appropriate documentation and meet with a counselor from	ent of Actual ill not be cons	Student Expenses form idered unless you provide	and		
2.	Schedule an appointment with a Financial Aid Counselor. Call the Office of Financial Aid at (208)282-2756, or come to the office appointment. If you are a student on the Idaho Falls campus, call (20 Union Building Student Services Office.					
3.	The Financial Aid Counselor you meet with will determine applicable	costs that will	be allowed.			
OFFICE USE ONLY						
CON	MENTS:					
				-		
				$-\ $		
	Administrator		Date			
	/ (MITHELE MATE)					

STATEMENT OF ACTUAL STUDENT EXPENSES DURING SCHOOL YEAR 2024-2025

Expenses:	Monthly Amount	OFFICE USE ONLY
Rent/Mortgage (Attach documentation)		\$
Utilities:(Attach documentation) Electricity	\$	\$ \$
Sewer, water, & garbage	\$	\$ \$ \$
Transportation: Commuter bus fare (Attach receipts) Commuter costs Days per week (Fall Semester) Days per week (Spring Semester) Days per week (Summer Session) Miles per day Commuting from to		\$ \$
Child Care (Attach a bill of charges to date or monthly bill or letter from provider outlining hours and charges per day, week or month.) Day Care Provider Names of children in daycare	\$	\$
Personal: Medical insurance (Attach documentation)	\$	\$ \$ \$
Books (Attach documentation)	\$	\$
Other miscellaneous expenses (Attach documentation): Do not include credit card bills, car payments, or car insurance.		
	\$	\$
	\$	\$
Total:	\$	\$
CERTIFICATION: The person signing below certifies that all of the information and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both	-	is complete
Student Signature:		Date:
Typed signatures not seemed a		