

6 Year Pharmacy Program Financial Aid and Cost Overview

Student Name: _____

UNDERGRADUATE STUDENT

Undergraduate Direct Cost

Tuition and Fees \$ _____	Tuition and Fees \$ _____	Tuition and Fees \$ _____	Tuition and Fees \$ _____
Room and Board \$ _____	Room and Board \$ _____	Room and Board \$ _____	Room and Board \$ _____
File FAFSA as dependent	File FAFSA as dependent	File FAFSA as dependent	File FAFSA as dependent
Undergraduate Merit \$ _____	Undergraduate Merit \$ _____	Undergraduate Merit \$ _____	Undergraduate Merit \$ _____
Undergraduate Gift Aid \$ _____	Undergraduate Gift Aid \$ _____	Undergraduate Gift Aid \$ _____	Undergraduate Gift Aid \$ _____
Loans \$ _____	Loans \$ _____	Loans \$ _____	Loans \$ _____
Total Aid \$ _____	Total Aid \$ _____	Total Aid \$ _____	Total Aid \$ _____
Out of Pocket Cost \$ _____	Out of Pocket Cost \$ _____	Out of Pocket Cost \$ _____	Out of Pocket Cost \$ _____

GRADUATE STUDENT

PharmD Direct Cost

Tuition and Fees \$ _____	Tuition and Fees \$ _____
Room and Board \$ _____	Room and Board \$ _____
File FAFSA as independent	File FAFSA as independent
Pharmacy Impact Scholarship \$ _____	Pharmacy Impact Scholarship \$ _____
Loans \$ _____	Loans \$ _____
Total Aid \$ _____	Total Aid \$ _____
Out of Pocket Cost \$ _____	Out of Pocket Cost \$ _____