

# NHSF College Cost Form

Annual (Fall & Spring semesters)

School \_\_\_\_\_

**A.** Tuition and Fees - Annual \_\_\_\_\_

Room & Board \_\_\_\_\_  
(If living on campus):

**TOTAL A**

**B.** Grants: (name) Amount

Pell Grant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scholarships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Haven Promise? \_\_\_Yes \_\_\_No \_\_\_\_\_

Federal Subsidized Loan \_\_\_\_\_

Federal Unsubsidized Loan \_\_\_\_\_

**TOTAL B**

**TOTAL A - TOTAL B = \$** \_\_\_\_\_ Unmet Need / yr  
(I still need to pay)