

25-26

ACTEXP-26

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: www.isu.edu/financialaid/upload

University Place, Bennon Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

Address: _____
Street
City
St
Zip

1. **Complete page 2 and attach any required documentation.** Schedule an appointment with a financial aid counselor (see #2 below). **You must bring your completed Statement of Actual Student Expenses form and all required documentation to your appointment.** Your request will not be considered unless you provide adequate, appropriate documentation and meet with a counselor from the Office of Financial Aid.
2. **Schedule an appointment with a Financial Aid Counselor.** Call the Office of Financial Aid at (208)282-2756, or come to the office in the Museum Building, to schedule an appointment. If you are a student on the Idaho Falls campus, call (208)282-7800, or come to the Bennion Student Union Building Student Services Office.
3. The Financial Aid Counselor you meet with will determine applicable costs that will be allowed.

OFFICE USE ONLY

COMMENTS:

STATEMENT OF ACTUAL STUDENT EXPENSES
DURING SCHOOL YEAR 2025-2026

	Monthly Amount	OFFICE USE ONLY
Expenses:		
Rent/Mortgage (Attach documentation)	\$ _____	\$ _____
Utilities: (Attach documentation)		
Electricity	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Sewer, water, & garbage	\$ _____	\$ _____
Internet service	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
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 (<i>Attach a bill of charges to date or monthly bill or letter from provider outlining hours and charges per day, week or month.</i>)	\$ _____	\$ _____
Day Care Provider _____		
Names of children in daycare _____		
Personal:		
Medical insurance (Attach documentation)	\$ _____	\$ _____
Medical/Dental Expenses (Attach documentation)	\$ _____	\$ _____
Miscellaneous.	\$ _____	\$ _____
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 reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Typed signatures not accepted