



of study can be obtained by contacting us at (315) 859-4326; faxing us at (315) 859-4222; or e-mailing us at [acchina@hamilton.edu](mailto:acchina@hamilton.edu).

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Phone Fax E-mail

\_\_\_\_\_  
Signature Date

Current Annual Cost of Attendance for Resident Student \$ \_\_\_\_\_  
Cost of Attendance for the Term Indicated by Student \$ \_\_\_\_\_  
Student's Expected Family Contribution \$ \_\_\_\_\_

Financial Aid Expected for Term Indicated Above:  
(if summer term and no aid is available, simply mark N/A)

<b>Grants:</b>	<b>Amount</b>
Federal Pell Grant	_____
State Grant	_____
College Merit Awards	_____
College Need-Based Grants	_____
Other (please list)	_____
_____	_____
_____	_____

Total Grants: \_\_\_\_\_

<b>Loans:</b>	
Federal Subsidized Stafford Loan	_____
Institutional Student Loan	_____
Federal PLUS Loan	_____
Other (please list)	_____
_____	_____
_____	_____

Total Loans: \_\_\_\_\_

Total Aid: \_\_\_\_\_