BRYN MAWR COLLEGE

OFFICE OF FINANCIAL AID

2026-2027 FEDERAL DEPARTMENT OF EDUCATION VERIFICATION EXPENSE BREAKDOWN

Student's Name _____ Student's Bryn Mawr College ID # _____

Complete both sections below fully and sign on reverse. Do not leave any blanks. Enter "0" if applicable.

A. Please estimate the total amount 2024 calendar year expenses below:

2024 rent/mortgage payments on primary residence and other real estate	_____ per year
2024 food	_____ per year
2024 utilities	_____ per year
2024 internet, cable and cell phone	_____ per year
2024 car payment and insurance	_____ per year
2024 other insurance including life, renters, flood, fire, homeowners, etc.	_____ per year
2024 gasoline and/or other transportation	_____ per year
2024 personal expenses (including entertainment and vacations)	_____ per year
2024 clothing	_____ per year
2024 credit card payments or payment of debt to others	_____ per year
2024 medical expenses (not paid by insurance, Medicare, or Medicaid) 2024	_____ per year
other expenses - itemize in section D	_____ per year
Total	_____

CERTIFICATION

By signing this worksheet, I certify all the information on this form is true and complete.

If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the student may not receive aid.

Student's Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____

Return as a signed PDF to: finaid@brynmawr.edu