

**CAPITAL AREA SCHOOL OF PRACTICAL NURSING**  
ESTIMATED FINANCIAL AID AWARD LETTER

|         |  |                                     |
|---------|--|-------------------------------------|
| NAME    | CLASS 122  | Social Security Number: XXX-XX-XXXX |
| ADDRESS | 2017-2018 - 2018-2019                                | Dependency Status:<br>DEPENDENT     |
| ADDRESS | START DATE: 02/07/2018 ~ GRADUATION DATE: 12/14/2018 | LIVING WITH PARENT                  |

| COST OF ATTENDANCE  |                              | TERM 1                                   | TERM 2                                   | TOTALS FOR CASPN                  | GRADUATION/LICENSING RELATED EXPENSES |
|---|------------------------------|--|--|-----------------------------------|---------------------------------------|
|   |                              | 02/07/2018-12/14/2018<br>665 CLOCK HOURS | 02/07/2018-12/14/2018<br>665 CLOCK HOURS | LPN PROGRAM<br>1330 - CLOCK HOURS |                                       |
| See page 2 for itemized costs.  | TUITION AND FEES             | \$ 6,235.00                              | \$ 6,150.00                              | \$ 12,385.00                      | NCLEX APPLICATION FEE \$ 298.00       |
|   | BOOKS AND SUPPLIES           | \$ 1,316.00                              | \$ -                                     | \$ 1,316.00                       | FINGERPRINTING FEE \$ 55.00           |
|   |                              | \$ 7,551.00                              | \$ 6,150.00                              | \$ 13,701.00                      | GRADUATION PIN (EST.) \$ 70.00        |
|   |                              |  |  |                                   | STATE OF IL LICENSE FEE \$ 50.00      |
| COST OF LIVING EXPENSES   | ESTIMATED LOAN FEES          | \$ 50.00                                 | \$ 50.00                                 | \$ 100.00                         | \$ 473.00                             |
| This data is based on average costs in the region over a 40 week period.      | ROOM AND BOARD               | \$ 2,307.50                              | \$ 2,307.50                              | \$ 4,615.00                       |                                       |
| Transportation is based on the average distance traveled by our student body. | PERSONAL EXPENSES            | \$ 1,075.00                              | \$ 1,075.00                              | \$ 2,150.00                       |                                       |
|   | TRANSPORTATION               | \$ 4,320.00                              | \$ 4,320.00                              | \$ 8,640.00                       |                                       |
|   |                              | \$ 7,702.50                              | \$ 7,702.50                              | \$ 15,405.00                      |                                       |
|   | TOTAL COST OF ATTENDANCE     | \$ 15,253.50                             | \$ 13,852.50                             | \$ 29,106.00                      |                                       |
|   | EXPECTED FAMILY CONTRIBUTION | \$ -                                     | \$ -                                     | \$ -                              |                                       |
|   | CALCULATED FINANCIAL NEED    | \$ 15,253.50                             | \$ 13,852.50                             | \$ 29,106.00                      |                                       |

| ESTIMATED FINANCIAL AID                  | I ACCEPT:<br>write in amount & initial | I DECLINE:<br>write in initials | Approx.                         | Approx.                        | TOTAL AID |
|--|--|---------------------------------|---------------------------------|--------------------------------|-----------|
|  |  |                                 | Disbursement<br>Date: 3/21/2018 | Disbursement<br>Date: 8/7/2018 |           |
| ILLINOIS MAP GRANT                       | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| WIOA GRANT                               | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| PELL GRANT                               | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| OTHER GRANT/SCHOLARSHIP                  | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| SUBSIDIZED FEDERAL DIRECT STUDENT LOAN   | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| UNSUBSIDIZED FEDERAL DIRECT STUDENT LOAN | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| PARENT PLUS LOAN                         | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| PRIVATE STUDENT LOAN                     | N/A                                    | N/A                             | \$0.00                          | \$0.00                         | \$0.00    |
| TOTAL ESTIMATED FINANCIAL AID            |  |                                 | \$0.00                          | \$0.00                         | \$0.00    |

S=FAFSA filed after MAP deadline. Amount will not be awarded.

**ILLINOIS MAP GRANT DISCLOSURES:**  
By applying for financial aid and agreeing to share that information with the Illinois Student Assistance Commission (ISAC) you have been considered for the State of Illinois(IL) Monetary Award Program (MAP) Grant. All MAP-approved institutions are required by the State of Illinois to announce MAP Grant awards to students who are enrolled or intending to enroll at their institution. An award amount is included on this letter if you have met the eligibility criteria. The MAP Grant award amount is an estimate made by the Illinois General Assembly and the Governor, and reductions to estimated or actual MAP Grants are possible. There are also limitation to how long you can continue to receive a MAP Grant. Usage is tracked by the number of credit hours for which you've received MAP benefits and is referred to as MAP Paid Credit Hours (MPCHs). The maximum number of MPCHs that can be received is 135, and you must be at the junior level or above to use more than 75 MPCHs. For your reference, and to learn more about MPCH limitations, you may access a record of your MPCHs through the ISAC Student Portal at <https://studentportal.isac.org/MPCH>.

QUALIFIED FOR PRE-PAYMENT WAIVERS (Should you choose to use the waivers offered, the amounts will be added to your student account balance owed to CASPN)

| WAIVER/VOUCHER           | APPROVED | I ACCEPT                          | I DECLINE                         |
|--------------------------|----------|-----------------------------------|-----------------------------------|
|                          |          | WAIVER/VOUCHER:<br>write initials | WAIVER/VOUCHER:<br>write initials |
| TUITION DEPOSIT (\$500): | NO       | N/A                               | N/A                               |
| BOOKS (\$791):           | NO       | N/A                               | N/A                               |
| UNIFORMS (UP TO \$400):  | NO       | N/A                               | N/A                               |

**RESPONSIBILITY TO PAY:**  
\*I understand that payment for Term 1 (quarters 1 & 2) is due two weeks prior to the first day of the 1st quarter. Payment for Term 2 (quarters 3 & 4) is due two weeks prior to the first day of 3rd quarter. The tuition for Term 2 is subject to increase during enrollment. The school may grant a deferment pending receipt of student financial aid. However, failure to be eligible and/or to apply for financial aid does not change my obligation to pay outstanding tuition, fees and other charges due the school on the required dates.  
\*I understand that Federal regulations require that any financial aid I receive must first be credited towards any outstanding tuition, fees and other charges owed by me to the school. Once such charges are paid, I may use the remainder of the funds received for expenses of rent, food, utilities, and transportation (not including car payments).  
\*I agree to submit any additional information and/or documentation necessary to support my application for financial aid upon request.

**RELEASE AUTHORIZATION FOR TITLE IV FUNDS:**  
\*I authorize the Capital Area School of Practical Nursing to credit my account with eligible Title IV Post-Withdrawal Disbursement funds for any prior or current outstanding tuition obligation, and/or other institutional charges incurred should I be unable to complete my education and withdraw.

By signing below, you are accepting the financial aid package above .

|                           |              |
|---------------------------|--------------|
| <b>STUDENT SIGNATURE:</b> | <b>DATE:</b> |
|---------------------------|--------------|

SIGN, DATE & RETURN BY: 11/30/2017  
Financial Aid Office: CASPN, 2201 Toronto Road, Springfield, IL 62712



CAPITAL AREA SCHOOL OF PRACTICAL NURSING  
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CLASS 122 ~ CASPN LPN ITEMIZED COST OF ATTENDANCE

| <u>NAME</u>                              | <u>1ST TERM</u>   | <u>2ND TERM</u>   | <u>TOTAL</u>       |
|--|-------------------|-------------------|--------------------|
| ITEMIZED CASPN<br>COST OF<br>ATTENDANCE: |                   |                   |                    |
| TUITION                                  | \$5,500.00        | \$5,500.00        | \$11,000.00        |
| DIAGNOSTIC TESTING                       | \$550.00          | \$550.00          | \$1,100.00         |
| LIABILITY INSURANCE                      | \$35.00           |                   | \$35.00            |
| COPY FEE (100 copies)                    | \$15.00           |                   | \$15.00            |
| TECHNOLOGY FEE                           | \$100.00          | \$100.00          | \$200.00           |
| PARKING PERMIT                           | \$35.00           |                   | \$35.00            |
| TEXTBOOKS                                | \$791.00          |                   | \$791.00           |
| SKILLS LAB KIT                           | \$125.00          |                   | \$125.00           |
| <u>UNIFORMS</u>                          | <u>\$400.00</u>   |                   | <u>\$400.00</u>    |
| <b>TOTALS</b>                            | <b>\$7,551.00</b> | <b>\$6,150.00</b> | <b>\$13,701.00</b> |

\* COSTS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

STUDENT INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_

