## XYZ College

Billing Statement - Fall
(SAMPLE)

| Student Name: Your Name |  | Statement Date: July | ly 1 |
| :---: | :---: | :---: | :---: |
| Student XYZ College ID: Your College ID\# |  | Statement Balance: \$6, | ,850.00 |
|  |  | Payment Due Date: A | August 15 |
| Date | Description | Charges | Credits |
| Current Activity |  |  |  |
| 5/20/20xx | Room Deposit |  | \$300.00 |
| 7/1/20xx | Room Charge -- Jones Hall Double Room Type | \$3,799.00 |  |
| 7/1/20xx | Meal Plan -- Silver Level | \$2,724.00 |  |
| 7/1/20xx | Tuition | \$3,828.00 |  |
| 7/1/20xx | Activity Fee | \$272.00 |  |
| 7/1/20xx | Educational Service Fee | \$408.00 |  |
| 7/1/20xx | Comprehensive Health Fee | \$170.00 |  |
| 7/1/20xx | Student Union Fee | \$300.00 |  |
| 7/1/20xx | Technology Tuition Fee | \$239.00 |  |
| 7/1/20xx | Student Health Insurance Fee** | \$1,699.00 |  |
|  | SUBTOTAL OF CHARGES: | 13,439.00 |  |
|  | TOTAL ANTICIPATED AID: |  | \$6,289.00 |
|  | OTHER CREDITS: |  | \$300.00 |
|  | TOTAL DUE: | \$6,850.00 |  |
|  | Due by: | August 15 |  |


| Review Your Anticipated Aid |  |
| :--- | ---: |
| Description | Amount |
| Federal Pell Grant | $\$ 3,048.00$ |
| Federal SEOG Grant | $\$ 250.00$ |
| PHEAA Grant | $\$ 1,754.00$ |
| Subsidized Direct Loan | $\$ 1,237.00$ |
| Unsubsidized Direct Loan | $\$ 0.00$ |

## CES Helpful Hints

1. Bill must show:

- Full-time tuition
- All fees
- Room/Dorm
- Meals
**2. If bill shows Health Insurance, contact your college immediately to cancel it. If that charge is not removed, you will have to pay that part of the bill because MHS does not pay for health insurance.

3. If bill shows Anticipated Financial Aid, look for all of your expected grants. Check the loan amount to make sure it follows CES guidelines posted at Responding to your College's Award Letter.
