

Schilling-Douglas School of Hair Design

Estimated Financing Plan: XXXXXXXXX Program

Date: 8/4/2022

Status: XXXXXXXXX EFC: XXXXXX Semester: XXXXXXXXXXXX

Student: XXXXXXX XXXXXXX Housing/ Schedule: XXXXXXXXXXXX

Program Fee: Tuition: \$XXXXX.00 Materials: \$XXXXXX.00 Registration Fee: \$XXX.00 Total: \$XXXXXX.00

Deposit: Registration Fee: \$XXX.00 Due By: XX/XX/XX Materials Deposit: XXXX Due By: XX/XX/XX

Estimated Financial Aid; Subject to availability of expected Federal Funds, to be credited to students account upon disbursement.

Program Name: COS – COA 0-900hrs, Tuition: \$XXXXXX.00 Localized COA Budget -900 hours- 7months

Pell Grant (Grant programs disbursed at 1, 451, 900 & 1201 hours) Loan Period EFC _____

22/23 Award year estimate: \$ _____

22/23 Award year estimate: \$ _____

Tuition, Fee, Materials:	\$XXXXXX.00
Room & Board:	\$XXXXXX
Personal:	\$XXXXXX
Transportation:	\$XXXXXX
Loan Fee:	\$XXXXXX
Total:	\$XXXXXX

Supplemental Educational Opportunity Grant

22/23 Award year estimate: \$N/A

Direct Loan (Disbursed at 1, 451, 901, 1201 hours), Interest rate for loans first disbursed after 07/01/22 and before 07/01/23.

Estimated maximum loan eligibility:

Subsidized loan \$ _____ , Unsubsidized loan \$ _____ , Plus loan \$ _____

Loan Type	Net Amount	Loan Amount	Origination Fee	Interest Rate	
				In-school	Grace/Repayment
Subsidized loan	\$	\$	1.057%, \$	-----	4.99%
Unsubsidized loan	\$	\$	1.057%, \$	4.99%	4.99%
PLUS loan	\$	\$	4.228%, \$		7.54%

Program Name: COS – COA 901-1,500hrs, Tuition: \$6,217.00 Localized COA Budget-600 hours- 4 months

Pell Grant (Grant programs disbursed at 1, 451, 901, 1201 hours) Loan Period EFC _____

22/23 Award year estimate: \$ _____

22/23 Award year estimate: \$ _____

Tuition, Fee, Materials:	\$XXXXXX.00
Room & Board:	\$XXXXXX
Personal:	\$XXXXXX
Transportation:	\$XXXXXX
Loan Fees:	\$XXXXXX
Total:	\$XXXXXX

Supplemental Educational Opportunity Grant

22/23 Award year estimate: \$N/A

Direct Loan (Disbursed at 1, 451, 901, 1201 hours), Interest rate for loans first disbursed after 07/01/22 and before 07/01/23.

Estimated maximum loan eligibility:

Subsidized loan \$ _____ , Unsubsidized loan \$ _____ , Plus loan \$ _____

Loan Type	Net Amount	Loan Amount	Origination Fee	Interest Rate	
				In-school	Grace/Repayment
Subsidized loan	\$	\$	1.057%, \$	-----	4.99%
Unsubsidized loan	\$	\$	1.057%, \$	4.99%	4.99%
PLUS loan	\$	\$	4.228%, \$		7.54%

Repaying your loans

To learn more about loan repayment go to:
<https://studentaid.gov/h/manage-loans>

Total Estimated Financial Aid: \$ _____

Total Deposit (received & scheduled): \$ _____

Additional Funding Source

VA Education Benefits: Amount of Funding: \$ _____

Program: Amount of Funding: \$ _____

Program: Amount of Funding: \$ _____

Balance: \$ _____

Payment options for balance amount.

- 1) Remit balance in full on or before first day of class.
- 2) In-house payments while in school. _____ Monthly payments of \$ _____.
- 3) Other: _____.

PLUS LOAN Please initial below if applicable. **Dependent students only.**

_____ I have been informed about the PLUS Loan program and any potential PLUS loan eligibility.

202X Graduation Rates: Institutional: XX%, XXXXXX Program XX%

202X Placement Rates: Institutional: XXXXX %, XXXXXX Programm XX %

License Requirement: Upon successful completion of this program, you are required to sit for a written and practical examination administered through the Delaware Division of Professional Regulation to obtain a license.

I certify that this institution has informed me that I may receive the above “estimated” award package upon attending this institution. I also understand that the above award package may change upon verification of my information, a credit check (PLUS loan) or other circumstances.

I hereby voluntarily authorize the Schilling-Douglas School of Hair Design to use Title IV funds to pay for charges other than tuition and fees which are considered “allowable charges”. I understand that this authorization allows Schilling-Douglas School of Hair Design to use Title IV funds to cover the cost of my material kit, text books and uniforms as necessary. I further understand that this authorization may be withdrawn by me at any time.

Both pages of this document constitute one document.

Student Signature	Date	Parent/Guardian Signature (if student is minor)	Date
-------------------	------	---	------

School Representative Signature	Date
---------------------------------	------