

1600 Campus Road, F-35 Los Angeles, CA 90041

T 323-259-2548

E finaid@oxy.edu

Www.oxy.edu/financial-aid

Date

2024-2025 ELEMENTARY/SECONDARY TUITION EXPENSES

Student's Last Name	Student's First Name	M.I	Oxy ID or Last 4 Digits of SSN
			_
case-by-case basis, payments	associated with elementary and/or se nat would like Occidental to consider th	condary scho	cial aid administrators to consider, on a color to tool tuition for children other than the s must complete this form AND provide
Examples of acceptable do	ocumentation include:		
An invoice of charges in the second sec	nt that shows both the charges and pay AND copies of cashed checks made to erhead itemizing the charges and payn	the school	erred)
All acceptable supporting	documentation <u>must</u> include the foll	owing inforn	nation:
•		lemic year <mark>(J</mark>	uly 1, 2023 - June 30, 2024)
NOTE: TUITION CHARGES ARE THE ONLY EXPENSES CONSIDERED.			
STUDENT ELEMENTARY/	SECONDARY TUITION INFORMAT	ION	
Student's Name:		Tuition An	nount Paid: \$
School Name:		School Phone Number:	
School Address:			
Student's Name:		Tuition An	nount Paid: \$
School Name:		School Phone Number:	
School Address:			
CERTIFICATION			
true, complete, and accurate to		understand t	ing documentation attached to this form is hat purposely providing false or misleading nancial aid funds.
			LEASE PRINT, SIGN (WET SIGNATURE) AND BE EMAILED DIRECTLY TO OUR OFFICE AT
Student's Signature	Print Name		Date

Print Name

Parent's Signature