

CHILD CARE EXPENSE FORM 2007-2008

Name: _____ SS# _____

This form is to document student's claim that (s)he has to pay child care expense while attending school.

- Number of dependent children 12 years old and under _____ Nursery Before school care After school care
- Number of dependent(s) who are elderly or disabled _____
Please indicate name of dependent(s) receiving care: _____

Childcare expense is paid for the following semester(s): Fall 2007 Spring 2008 Summer 2008

Explain why you must incur child care expenses (or elderly/disabled care expenses) for your dependent(s):

How much do you pay per month? _____

Please list the name of person or institution that cares for your dependent:

Name _____

Address: _____

Telephone Number: _____

- ◆ Please submit a letter from the care facility (on letterhead) verifying the following information:
*Dependent's name * Period in which care is provided * Amount paid per month.
- ◆ Copies of cancelled checks or receipts must be submitted along with this form.

I understand that the Office of Student Financial Aid reserves the right to request additional information and/or confirm the information that is being reported.

- I certify that the information that has been provided on this form is complete and accurate.

Student's Signature: _____ Date: _____

FINANCIAL AID OFFICER: () Accepted () Rejected

Comments: _____

COA updated for: Fall 2007 Spring 2008 Summer 2008

Certified By: _____ Date: _____