Child Care Expenses

You have requested a review of your financial aid eligibility determination for the 2021-22 academic year based on child care expenses. Please provide the information requested below so that we may accurately assess your financial aid eligibility. If the answer is zero, write $0. If the question is not applicable, write N/A. If we need additional information after reviewing your response, we will contact you. **You and your child care provider must both sign this certification statement.**

**Student’s Name__________________________________________ B Number _________________________________**

1. Will you incur child care expenses while you are attending college during the:

   Fall 2021 term       [   ] Yes  [   ] No
   Spring 2022 term     [   ] Yes   [   ] No

2. Indicate the name, address, and telephone number of your child care provider.

   ________________________________________________________________
   Name       Street Address
   ________________________________________________________________
   City                               State                 Zip Code                   Phone Number

3. List your child care expenses incurred **while enrolled this academic year.** (Do not include expenses incurred at other times.)

   $___________ per week ______# of weeks (15 maximum per semester)

4. List amount of benefits provided for child care by other sources or agencies (e.g. Dept. of Social Services.)

   $___________ per week_______# of weeks (15 maximum per semester)

5. List the name(s) of child/children requiring child care and their relationship to you.

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<th>NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
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   **I certify that, to the best of my knowledge, the information provided is true.**

   Student signature ___________________________________________ Date ______________
   Child Care Provider signature _________________________________ Date ______________

Code: CHLCAR Revised: 10/16/2020