

## Child Care Expenses

You have requested a review of your financial aid eligibility determination for the 2023-24 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 2023 term             Yes             No

Spring 2024 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.

NAME	RELATIONSHIP TO STUDENT

**I certify that, to the best of my knowledge, the information provided is true.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Child Care Provider signature \_\_\_\_\_ Date \_\_\_\_\_