

Child Care Expenses

You have requested a review of your financial aid eligibility for the 2025-26 academic year based on child care expenses. Please complete the following information to help us accurately assess your eligibility. If the answer is zero, write \$0. If not applicable, write N/A. If we require further information, we will contact you. Both you and your child care provider must sign this certification statement.

Student's Name _____ **B Number** _____

1. **Child Care Expenses.** Will you incur child care expenses while attending college during the following terms?

Fall 2025: Yes No

Spring 2026: Yes No

2. **Child Care Provider Information**

Provider Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

3. **Child Care Expenses**

Amount incurred while enrolled this academic year:

\$ _____ per week for _____ weeks (Max 15 weeks per semester)

4. **Benefits from Other Sources**

List benefits provided for child care by other sources/agencies (e.g., Department of Social Services):

\$ _____ per week for _____ weeks (Max 15 weeks per semester)

5. **Child Information:** Please list the child/children requiring care and their relationship to you:

NAME	RELATIONSHIP TO STUDENT

Certification

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

Student Signature _____ Date _____

Child Care Provider Signature _____ Date _____