

Child Care Expenses

You have requested a review of your financial aid eligibility determination for the 2024-25 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 2024 term Yes No

Spring 2025 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 _____