

# 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 \_\_\_\_\_