

CHILDCARE EXPENSE WORKSHEET

Completion of this worksheet is required for consideration to include childcare expenses in your educational budget for the 2023-24 academic year. Fill out all sections and submit the form to the Financial Aid Office.				
Student Name:		SSN:		_
Address:				
Street		City	State	Zip Code
Phone/Cell:	Email:			
ENROLLMENT DATA: List actual or estimated credits for determine the total eligible childen	-	d and requiring childcare.	These credits will be util	ized to help
Summer 2023 Credits:	Fall 2023 Credits:	Spring 2024 Credits:	Summer 20	024 Credits:
On Campus:	On Campus:	On Campus:		npus:
Online: +	Online: +	Online: +		
Total: =	Total: =	Total: =	Total:	=
Child/Dependent Name	Age Expense Amount \$/per h \$/per h	our	nal)	
CARE PROVIDER INFORMA			ni.	
Name: Type (check one): _Individual	-			
By signing below, the student cer being incurred as a result of coll		ided on this worksheet is a	true reflection of childco	are obtained/costs
Student Signature:		Date:	_	
The childcare provider certifies t	hat the student listed above is c	urrently receiving childca	re services as noted abov	ve.
Care Provider Signature:		Date:		