



2015-16 CHILDCARE EXPENSE WORKSHEET

Completion of this worksheet is required for consideration to include childcare expenses in your educational budget for the 2015-16 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 each term you will be enrolled and requiring childcare. These credits will be utilized to help determine the total eligible childcare expense.

Summer 2015 Credits: \_\_\_\_\_ Fall 2015 Credits: \_\_\_\_\_ Spring 2016 Credits: \_\_\_\_\_ Summer 2016 Credits: \_\_\_\_\_

EXPENSE INFORMATION:

The student/provider is responsible to translate monthly or weekly fees or multi-child pricing into an hourly rate per child. Use comment field to note any particular circumstances that require special/more expensive care.

Table with 4 columns: Child/Dependent Name, Age, Expense Amount, Comments (optional). Rows include expense amounts like \$\_\_\_\_\_/per hour.

CARE PROVIDER INFORMATION:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Type (check one): [ ] Individual [ ] Company (list name): \_\_\_\_\_

By signing below, the student certifies that the information provided on this worksheet is a true reflection of childcare obtained/costs being incurred as a result of college attendance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The childcare provider certifies that the student listed above is currently receiving childcare services as noted above.

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_