

08-09



Office of Student Financial Aid
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Care Expense Form

Student First Name _____ M.I. _____ Last Name _____ 991- _____ ID Number _____

Complete this form to request that your Cost of Attendance for the 2008-2009 academic year be increased due to expenses you will incur during this period for the care of a child, dependent, or elder. Federal guidelines allow us to consider adding such costs to your estimated cost of attendance when these expenses can be documented and are justified. You will be notified of our decision.

Section I: Please list the dependents supported in your household.

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
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Section II: Child, Dependent, Elder Care Expenses

Please list the monthly cost that your household are paying or will pay during your period of enrollment. If another person or agency is paying part of the costs, explain their portion of the contribution separately below as well.

| Type of Expense | Monthly Cost |
|------------------|--------------|
| Daycare | \$ |
| Medical | \$ |
| Other: (Explain) | \$ |
| | \$ |
| | \$ |
| | \$ |

We strongly encourage you to attach documentation verifying the amount(s) shown.

Section III: Certification

I certify that all of the information submitted is correct and that the expenses shown are amounts that are paid by our household without reimbursement.

Student Signature _____ Date _____ Parent Signature _____ Date _____
(required) (required if student is dependent)