

2009 Summer Care Expense Form

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

Complete this form to request that your Cost of Attendance (budget) for the summer 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.

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

Name	Relationship	Age

Section II: Child, Dependent, Elder Care Expenses

Please list the monthly cost that your household will pay during your period of enrollment. **Do not** list the monthly cost another person or agency is paying on your behalf.

Type of Expenses	Monthly Cost
Daycare	\$

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.

 Student Signature Date
 (Required)

 Parent Signature Date
 (Required if student is dependent)