

2024-25 CHILDCARE EXPENSE WORKSHEET

Completion of this worksheet is required for consideration to include childcare expenses in your educational budget for the 2024-25 academic year. Fill out all sections and submit the form to the Financial Aid Office.

Student Name:				ID #:				
Address:								
Street				City		State		Zip Code
Phone/Cell:	Email:							
ENROLLMENT DATA: List actual or estimated cre help determine the total eli		_		d in and re	equiring chil	dcare. The	ese credits	will be utilized to
Summer 2024 Credits: On Campus: Online: + Total: =	n Campus: On Campus: nline: +			On Camp	025 Credits: Dus:		On Cam	pus:
EXPENSE INFORMATION: The student/provider is response the comment field to no			-	-			-	y rate per child.
Child/Dependent Name	Age 		/per hour /per hour		nts (optional)			
CARE PROVIDER INFORMA	TION:							
Name:	City/State:			Phone:				
Type (check one): [Individual	Company (lis	t name):						
By signing below, the student incurred as a result of college		e informatio	n provided on	this worksh	eet is a true	reflection o	f childcare (bbtained/costs being
Student Signature :				Date:				
The childcare provider certifie	s that the stude	nt listed abo	ove is currently	ı receiving (childcare sei	vices as no	ted above.	
Care Provider Signature:				Date:				