



CHILD

**CHILDCARE EXPENSE FORM  
2016-2017**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ 900- \_\_\_\_\_ Phone \_\_\_\_\_

Please list the amount of childcare you will pay for each child PER MONTH for the 2016-2017 academic year (August 22, 2016 through May 20, 2017). Be sure to provide all information requested – if you leave a section blank or fail to provide a receipt or statement on letterhead, this form will be incomplete and your appeal for a budget increase will be denied until documentation is provided. Your cost for childcare DOES NOT include any amount paid by Social Services or any another agency. If your childcare form is approved after completing your Federal Stafford Loan Acceptance form (FSLA), please check back with our office to determine if this budget increase provided new loan eligibility. If so, please complete another FSLA form reflecting these new amounts. This form **MUST** be received by our office at least three weeks prior to the end of the semester that you are requesting financial aid consideration. Incomplete documents will not be accepted by our office. **Please fill out form legibly and use blue or black ink.**

**YOU WILL BE NOTIFIED VIA EMAIL IF FORM IS INCOMPLETE !**

*Student's MSU Denver Email address: \_\_\_\_\_@msudenver.edu*

**NOTE: You MUST provide a receipt from the childcare provider that you have paid, OR a statement from your childcare provider on their letterhead stating what your cost will be for the month per child. (If our office believes that your cost may actually be less than is reported, we may request additional documentation.) ALSO if you have a child over the age of 12 YRS. documentation needs to be attached regarding the condition of the child or the extenuating circumstance as to why daycare is being provided. This particular situation will go to our Professional Judgment Committee to determine if the documentation submitted is sufficient enough to grant the request.**

Name of Child	<u>Age of Child</u>	<u>Amount to be Paid Monthly by Student</u>	<u>Name, Address, and Phone Number of Daycare Provider</u>
1. _____	_____	\$ _____	_____ _____ _____
2. _____	_____	\$ _____	_____ _____ _____
3. _____	_____	\$ _____	_____ _____ _____
4. _____	_____	\$ _____	_____ _____ _____

The amount(s) listed above will be applied to the Fall/2016 AND Spring/2017 semesters; however, if you are graduating in the Fall/2016 please check mark here: \_\_\_\_\_

\_\_\_\_\_ Check here if your spouse will be enrolled at a post secondary school in at least 6 credit hours during one semester of the 2016-2017 academic year and provide your spouse's name and SSN below:

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

I hereby certify that all the information provided above is true and complete to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_