TRINITY VALLEY COMMUNITY COLLEGE

Child Care Expense Form

2015-2016

This application is to be used by independent students to apply for an adjustment to their cost of attendance to account for child care expenses while attending classes or labs. **Completing this does not mean you will receive more financial aid.**

Student Name: _____ SSN / TVIN: _____

Student Address: _____

Home Phone No : _____ Cell Phone No : _____

Dependent's Name	Age	Relationship

Total Dependents Listed (No more than 4 dependents) _____

Total Weekly Expense **(Parent's out of pocket $ only)** _____

Name of Child Care Center: _____

Address: _____

Phone Number: _____ Contact Person: _____

YOU MUST ATTACH PROOF FROM YOUR CHILD CARE PROVIDER THAT VERIFIES THE INFORMATION ABOVE. If you are unable to obtain this information until after classes begin, once the verification is received by our office, the child care expenses can then be added to your cost of attendance.

I certify that the information listed above is correct to the best of my knowledge.

_____

Student Signature Date