Office of Financial Aid & Scholarship Management
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Dependent Care Expense Worksheet

Student Name: _____ **M #:** _____

Program: ◯ Medicine ◯ Dental ◯ Graduate Studies ◯ SACS ◯ Global Health

Term(s) for Review: Fall 20_____ Spring 20_____

Please provide the following information about expenses incurred for dependent members of your household who are under the age of 13. This worksheet must be signed by both the student and dependent care provider to be considered in review of a request of a Cost of Attendance.

Name of Dependent	Age	Relationship	Daycare Provider	Weekly Rate

Source of dependent care subsidy or assistance (if applicable): _____

Amount of dependent care subsidy or assistance: _____

I certify that the information provided on this form is accurate and complete as of this date. I understand that this document, submitted in conjunction with request of a review of my cost of attendance is not guaranteed to result in a change to my financial aid eligibility and does not release me from my payment of any balance due on my student account. **I have attached a letter on letterhead from the daycare facility.**

Student Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____

Relation to Student (if applicable): _____