

Dependent Care Allowance Request

FILING DEADLINE 2/27/15

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

My child/dependent care expense for **2014– 2015** academic year while I attend school is as follows:

Child/Dependent's Name	Age	(Sept. 2014 - Dec. 2015)	(Jan. 2015 – May 2015)
		\$ Amount (fall semester)	\$ Amount (spring semester)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

My spouse is also a Fresno State student. Spouse's Name: _____ ID # _____

NOTE: Documentation must reflect expenses for the period you are requesting aid. (Max. = \$3,300 / academic year (\$1,650/ semester)

Attached is a copy of my care provider contract or copies of my cancelled checks. I pay a total of \$ _____ per _____.

OR

Part II of this form has been completed by the care provider.

Student Signature _____ Date _____

PART II- CARE PROVIDER

Name _____ Address _____

Care provided from _____ date through _____ date Amount Charged \$ _____ (circle one) per week/ month/ flat rate.

I certify the above charges are for child/dependent care provided during the 2014-2015 academic year for the student named on the top of this form. I also certify that these charges are true and correct.

Provider Signature _____ Phone Number _____ Date _____

FOR OFFICE USE ONLY

- APPROVED**
 - Your cost of attendance has been increased by \$ _____.
 - A revision to your award is being processed. Your award has not changed (see comments)
- DENIED** Reason: _____
- RETURNED** Information/documentation required: _____
- OTHER/COMMENTS** _____

Financial Aid Counselor/Technician Signature _____ Date _____