

Dependent Care Allowance Request

FILING DEADLINE 2/29/16

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

I certify that my child/dependent care expenses for **2015-2016** academic year while I attend school are:

Child/Dependent's Name	Age	(Sept. 2015 - Dec. 2015)	(Jan. 2016 - May 2016)
		\$ 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 _____ through _____ Amount Charged \$ _____
date date (circle one) per week/ month/ flat rate.

I certify the above charges are for child/dependent care provided during the 2015-2016 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 _____