



Financial Aid and Scholarships Office

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www.fresnostate.edu/studentaffairs/financialaid

Financial Aid and Scholarships

Dependent Care Allowance Request

**FILING DEADLINE 4/15/19**

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 **2018-2019** academic year while I attend school are:

Child/Dependent's Name	Age	(Sept. 2018 - Dec. 2018)	(Jan. 2019 - May 2019)
		\$ 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 2018-2019 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 \_\_\_\_\_