



Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182

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Dependent Care Allowance Request

Filing Period 9/1/09 to 4/15/10

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

My child/dependent care expense for 2009- 2010 academic year while I attend school is as follows:

Table with 4 columns: Child/Dependent's Name, Age, \$ Amount (fall semester), \$ Amount (spring semester). Rows #1, #2, #3.

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

NOTE: Documentation must reflect expenses for the period during which 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 \$ (circle one) per week/month/flat rate.

I certify the above charges are for child/dependent care provided during the 2009-2010 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 DENIED RETURNED OTHER/COMMENTS

Financial Aid Counselor/Technician Signature Date