



Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182

Fax: (559) 278-4833

Dependent Care Allowance Request
Filing Period 9/1/11 to 4/15/12

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

My child/dependent care expense for 2011- 2012 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 2011-2012 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
Your cost of attendance has been increased by \$
A revision to your award is being processed.
Your award has not changed (see comments)
Reason:
Information/documentation required:

Financial Aid Counselor/Technician Signature Date