

**36-Child Care Cost Verification - Academic Year
PERIOD: 2009-2010**

STUDENT NAME: _____ **WSU ID#:** _____

If you are incurring child care expenses for legal dependent(s) and wish to be considered for additional loan funding, please have your child care provider fill out this Child Care Cost Verification form. Cost will only be considered if they occur during periods of class time, study time, field work, internships, and commuting time for the student. This form is optional, but if returned, we will include these costs as a part of your budget when determining your eligibility for financial aid for 2009-2010.

If you have not yet made arrangements for this child care, please retain this form until you have finalized your child care arrangements. Upon receipt of the completed and certified child care form, we will adjust your budget and award additional loans, if available, to assist with your child care expenses. **Please submit one form per family.**

Student Information:

____ Married ____ Single
If you are married, is your spouse enrolled at WSU? ____ Yes ____ No
If yes, spouse's name and WSU ID : _____
If you are married, is your spouse employed? ____ Yes ____ No

Names and Ages of Dependent Children (continue on back of form if needed):

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

I understand the above information is subject to verification. If circumstances change and result in a decrease in costs reported below, I agree to immediately inform the Financial Aid Office.

STUDENT SIGNATURE

DATE

Verification of Costs (to be completed by the Child Care Provider):

Please enter the actual or estimated costs for child care services for the above named student's children.

Complete one:
Cost per week \$ _____ Cost per month \$ _____ paid by student (choose one)

of weeks provided for Fall 2009 _____ # of weeks provided for Spring 2010 _____

DSHS child care income supplement: Requested \$ _____ Receiving \$ _____

Name and Address of Child Care Provider:

Name of Child Care Provider

Address and Phone Number

PROVIDER SIGNATURE

DATE

Return signed completed forms or other documents to your nearest local campus or:
Office of Student Financial Aid, Lighty SVS 380, P.O. Box 641068, Pullman, WA 99164-1068
Phone: 509-335-9711 FAX: 509-335-1385 <http://www.finaid.wsu.edu> e-mail to: finaid@wsu.edu