OFFICE OF FINANCIAL AID

Childcare Expense Verification

Office of Financial Aid

Student Information

_____ _____
Student Name Ram ID

_____
Current Address City, State Zip Code

(_____)_____-_____ _____
Contact Phone Number E-mail address

Child Information

1._____
Name of Child Date of Birth Age Relationship to Student

2._____
Name of Child Date of Birth Age Relationship to Student

3._____
Name of Child Date of Birth Age Relationship to Student

4._____
Name of Child Date of Birth Age Relationship to Student

5._____
Name of Child Date of Birth Age Relationship to Student

6._____
Name of Child Date of Birth Age Relationship to Student

Childcare Provider

_____
Provider/Center

_____
Street Address Street Address

_____
City, State Zip City, State Zip

(_____)_____-_____
Telephone Number

I understand that acceptance of childcare verification does not guarantee that financial aid will be available.

_____ _____
Student's Signature Date