SOUTHERN UNVERSITY AND A&M COLLEGE
Office of Student Financial Aid

Old Mechanical Building 122
Baton Rouge, Louisiana 70813
(225) 771-2790 Office
(225) 771-5898 Fax

CHILD CARE EXPENSE FORM
2009-2010

Name: _____ SS or SID#: _____

This form is to document student's claim that (S) he has to pay child care while attending school.

- Number of dependent children 12 years old and under _____ ☐ Nursery ☐ Before school care ☐ After school care
- Number of dependent (s) who are elderly or disabled _____
- Please indicate name of dependent (s) receiving care: _____
  _____

Childcare expense is paid for the following semester ☐ Fall 2009 ☐ Spring 2010 ☐ Summer 2010

Explain why you must incur child care expenses (or elderly/disabled care expenses) for your dependent(s).

How much do you pay per month? _____

Please list the name of person or institution that cares for your dependent.
Name: _____
Address: _____
Telephone Number: _____

Please submit a letter from the care facility (on letterhead) verifying the following information:

*Dependent's name *Period in which care is provided #Amount paid per month *Payee's Name

Copies of cancelled checks or receipts may be submitted along with this form and letter.

I understand that the Office of Student Financial Aid reserves the right to request additional information and/or confirm the information that is being reported.

I certify that the information that has been provided on this form is complete and accurate.

Student's Signature: _____Date:_____

FINANCIAL AID OFICIER: **( ) Accept** **( ) Rejected**

Comments:

_____
_____
_____
_____

COA updated for: ☐ Fall 2009 ☐ Spring 2010 ☐ Summer 2010

Certified by: _____ Date: _____