



Dependent & Childcare Expenses

Student's Name

University ID Number (UIN)

School

Class Year

1. Do you currently pay dependent or childcare expenses? Yes No

If yes, complete the grid below showing family member(s) and amount of relevant support given.

2. Will a family member be taking care of your dependent or child during the upcoming academic year? Yes No

Explain: _____

3. From what sources will you finance this support?

4. **Please attach a letter from your dependent or childcare provider indicating the total expenses for the upcoming academic year.**

Name of Supported Family Member	Age	Relationship	Dependent or Childcare Expense	Last Year's Total Expense

Student's Signature

Date