

Notice of Dependent Care Expenses – for 2024-25

Name _____ **Phone No.** _____ **Student ID** _____

This form is to assist you in reporting to the Office of Student Financial Aid that you incur dependent care expenses for dependents you support. The allowance for dependent care expenses is estimated by our office and is based on the number of dependents for which you are currently incurring dependent care expenses. If you believe your actual expenses exceed our estimated expenses, you may submit a request for Professional Judgment after we have assigned your dependent care expenses to your financial aid cost of attendance budget. You will receive notice of any action taken by our office within the next 2 to 4 weeks.

Dependent Care Information

Report the name and age of dependents for which you incur dependent care expenses:

Name of Dependent	Age of Dependent	Explanation of Dependent Care Expenses Incurred:

You must provide supporting documentation that you currently incur dependent care expenses.

Acceptable Documentation May Include

- Receipt for payment of expense
- Bank statement showing payment of expense
- Invoice for anticipated expense
- Sales listing for anticipated expense
- Estimate of expense to be incurred
- Other document supporting the expense

All of the information attached is true and complete to the best of my knowledge. I agree to provide more detailed documentation, if requested.

 Student Signature Date