Student Financial Services Office "3;9"Htcpmkp"Uvl"Cwdwtp."P [""35243 537-4;6-:692 • Fax - 537-474-43:7" financialservices@cayuqa-cc.edu

4245-4246 Child Care Expense Documentation

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I am requesting that my Financial Aid Cos College be increased due to the following	• •
Number of children for whom care must be provi	ided
Ages of children	
Average number of hours per week that care mus	st be provided
Number of weeks that care must be provided (15	weeks per semester)
(30	weeks per year)
Total amount paid for child care for the above pe	eriod \$
Name of	