

2023-2024



Financial Aid and Scholarships

FORM 90 - FCHILD  
Financial Aid and Scholarships Office

5150 N. Maple Avenue, M/S JA 64 Fresno, CA 93740-8026  
www.fresnostate.edu/studentaffairs/financialaid  
Phone: (559) 278-2182 Fax: (559) 278-4833

### Dependent Care Allowance Request

**FILING DEADLINE 4/15/2024**

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

I certify that my child/dependent care expenses for **2023-2024** academic year while I attend school are:

Child/Dependent's Name	Age	(Sept. 2023 - Dec. 2023)	(Jan. 2024 - May 2024)
		\$ Amount (fall semester)	\$ Amount (spring semester)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

My spouse is also a Fresno State student. Spouse's Name: \_\_\_\_\_ ID # \_\_\_\_\_

**NOTE: Documentation must reflect expenses for the period you are requesting aid. (Max. = \$3,300 / academic year (\$1,650/ semester)**

Attached is a copy of my care provider contract or copies of my cancelled checks. I pay a total of \$ \_\_\_\_\_ per \_\_\_\_\_.

**OR**

Part II of this form has been completed by the care provider.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PART II- CARE PROVIDER

Name \_\_\_\_\_ Address \_\_\_\_\_

Care provided from \_\_\_\_\_ through \_\_\_\_\_ Amount Charged \$ \_\_\_\_\_  
date date (circle one) per week/ month/ flat rate.

*I certify the above charges are for child/dependent care provided during the 2023-2024 academic year for the student named on the top of this form. I also certify that these charges are true and correct.*

Provider Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**To submit this form:** you may fax it to 559.278.4833, email it as an attachment to 5592784833@fax.csufresno.edu or mail it to the Office of Financial Aid and Scholarships, 5150 North Maple Avenue - M/S JA64, Fresno, CA 93740-8026

#### FOR OFFICE USE ONLY

- APPROVED**
  - Your cost of attendance has been increased by \$ \_\_\_\_\_.
  - A revision to your award is being processed.  Your award has not changed (see comments)
- DENIED** Reason: \_\_\_\_\_
- RETURNED** Information/documentation required: \_\_\_\_\_
- OTHER/COMMENTS** \_\_\_\_\_

Financial Aid Counselor/Technician Signature \_\_\_\_\_ Date \_\_\_\_\_