

Dependent Care Allowance Request

Filing Deadline

Student ID Number:

Phone Number (with area code):

Full Name:

Academic Year:

I certify that my child/dependent care expenses for the current academic year are:

Child or Dependent's Name	Age	Amount (Fall Semester Aug-Dec)	Amount (Spring Semester Jan-May)

My spouse is also a Fresno State Student. **Spouse's Name:**

Student ID:

Note: Documentation must reflect expenses for the period you are requesting aid.
The maximum adjustment is _____ an academic year or _____ for a semester.

Attached is a copy of my care provider contract or copies of my canceled checks. I pay a total of: _____
The care provider has completed part two of this form. Per: _____

Student Signature:

Date:

Part Two - Care Provider

Name:

Address:

Amount charged:

Per Week

Per Month

Flat Rate

The dates care was provided, from:

Through:

I certify the above charges are for child/dependent care provided during the current 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 drop it off at our windows in the Joyal Administration North Lobby
- Fax it to 559-278-4833
- Mail it to Office of Financial Aid and Scholarships, 5150 North Maple Avenue - M/S JA64, Fresno, CA 93740-8026

Office Use Only

Approved

Your cost of attendance has increased by:

A revision is being processed

Your award has not changed (see comments)

Denied

Reason:

Returned

Information or documentation required:

Other/Comments:

Financial Aid Office:

Date:

Revised

Personal Comment

Photocopy to student

Original → Imaging