

# 2017-2018 FINANCIAL AID DEPENDENT CARE EXPENSE FORM

A dependent care allowance may be added to a student's cost of attendance providing that the student provides over 50% of the support and that care for the dependent is required for the student to attend school. Dependents may include elderly or disabled adults or spouse. Please note that the inclusion of dependent care expenses may not always result in an increased financial aid award. Please fill out the form completely and return to the VCU Office of Financial Aid.

NAME \_\_\_\_\_  
Last First MI

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Student ID Number

HOME PHONE NUMBER \_\_\_\_\_ ALTERNATE/CELL-PHONE NUMBER \_\_\_\_\_  
(Including area code) (Including area code)

VCU EMAIL ADDRESS \_\_\_\_\_

- Monroe Park Campus   
  School of Allied Health Professions, Nursing, or Pharmacy   
  School of Dentistry   
  School of Medicine

Please provide the following information about dependent care expenses for your household (child, spouse, parent or siblings). Attach a statement on agency letterhead from each provider or a signed notarized statement that includes name of the child, amount paid on a weekly basis, and beginning and ending dates of care for the current academic year.

Name of Family Member	Age	Relationship	Childcare Provider Information	Weekly Expense
			Name	
			Phone Number	
			Beginning and ending dates of care	
			Name	
			Phone Number	
			Beginning and ending dates of care	
			Name	
			Phone Number	
			Beginning and ending dates of care	

**Certification Statement and Signature**

By signing this form, I certify that the information provided is true and accurate. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid. I agree to provide additional proof of information provided on this form. I authorize the VCU Office of Financial Aid to contact the provider(s) listed above for additional or clarifying information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)