



Request for DEPENDENT CARE Expenses

Name: MSU ID:

Address: Phone:

Email: Aid Year:

1. Please provide information for each dependent living with you for whom you will pay dependent care expenses. Paid receipts, canceled checks, bills and/or a written statement of estimated costs from a childcare agency must be attached. Dependent care expenses can only be considered during time periods of enrollment and class attendance at Montana State University.

a. Name of Dependent: Date of Birth:

Agency providing dependent care: Phone:

Dates dependent care is required during school year: to: month/year month/year

Hours per week dependent care is required: Hourly cost: \$

b. Name of Dependent: Date of Birth:

Agency providing dependent care: Phone:

Dates dependent care is required during school year: to: month/year month/year

Hours per week dependent care is required: Hourly cost: \$

2. Indicate total amount of money you are requesting for dependent care expenses: \$

3. Are you receiving payment for dependent care expenses from any other sources? Yes No

If yes, name of source: Amount per month: \$

4. If married, is your spouse also attending MSU? Yes No

If yes, Spouse's Name: Spouse's MSU ID:

5. Remarks and special circumstances - if more space is needed, use reverse side.

I certify that the information and documentation provided is true, complete, and accurate to the best of my knowledge. I understand I must notify the Office of Financial Aid Services if the dependent care expenses are not incurred and that any false or misleading information given will be cause for denial, reduction, withdrawal, or repayment of financial aid.

Student signature: Date: