

SOUTHERN UNIVERSITY AND A&M COLLEGE

Office of Student Financial Aid

T.H. Harris Annex Building 139A
P.O. Box 9961
Baton Rouge, Louisiana 70813-9961

(225) 771-2790 Office

(225) 771-5898 Fax

**CHILD CARE EXPENSE FORM
2016-2017**

Name: _____ **SS or SID#:** _____

This form is to document student's claim that (S) he has to pay child care while attending school.

- Number of dependent children 12 years old and under _____ ☐ Nursery ☐ Before school care ☐ After school care
- Number of dependent (s) who are elderly or disabled _____
- Please indicate name of dependent (s) receiving care: _____

Childcare expense is paid for the following semester ☐ Fall 2016 ☐ Spring 2017 ☐ Summer 2017

Explain why you must incur child care expenses (or elderly/disabled care expenses) for your dependent(s).

How much do you pay per month? _____

Please list the name of person or institution that cares for your dependent.

Name: _____
Address: _____
Telephone Number: _____

Please submit a copy of the child's birth certificate and a letter from the care facility (on letterhead) verifying the following information:

*Dependent's name	*Period in which care is provided	*Amount paid per month	*Payee's Name
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Copies of cancelled checks or receipts may be submitted along with this form and letter.

I understand that the Office of Student Financial Aid reserves the right to request additional information and/or confirm the information that is being reported.

I certify that the information that has been provided on this form is complete and accurate.

Student's Signature: _____ Date: _____

WARNING: If you purposely give false or misleading information on the worksheet, you may be fined, be sentenced to jail, or both.

FINANCIAL AID OFFICER: _____ () Accept () Rejected

Comments: _____

COA updated for: ☐ Fall 2016 ☐ Spring 2017 ☐ Summer 2017

Certified by: _____ Date: _____