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UNIVERSITY OF COLORADO COLORADO SPRINGS

Cragmor Hall 1420 Austin Bluffs Parkway Colorado Springs, CO 80918 2024-2025 Aid Year

(Fall 2024, Spring 2025, Summer 2025)



Dependent Care Expense Form

The Dependent Care Expense Form may be used for students who incur dependent care expenses. Before a dependent care expense will be considered, the student's 2024-2025 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Financial Aid and the student must have received their official 2024-2025 Award Letter/Notification.

	<u> </u>						
Student Last Name Student First Name			Student ID				
Semester to re-calculate (choose on	ly one)	Fall 2024	S	pring 2025	Summer 2	025	
Will you receive dependent care expenses from a third party?			N	No			
If yes, list source (i.e., CCAP) and list	monthly amount of support:						
Name of your dependent:				Age of you	r dependent:		
Please list only one dependent per for List the total number of Dependent C		ed this enro	ollment	term:			
Does the above named dependent live with you? Yes			No				
Do you provide more that 50% of the	listed dependent's financial supp	ort?	Yes		No		
The following information	on must be completed by	vour de	nan	dent car	nrovider		
	iniust be completed by	your de	pen		e provider	•	
Name of care provider:	Hourly ra	Hourly rate:					
Address of provider:	Hours pe	Hours per week:					
List normal hours the above	License #	License #:					
dependent is in your care:	(if applica	(if applicable)					
Provider signature:	Phone nu	Phone number of provider:					
Check you Please do not email sensitive information formation. You should always redact so on all documents submitted. UCCS pro	ocial security numbers, but always lis	tes to you ecurity num at the UCCS submit you	r awai bers or studei ur inforr	rds. Tother persont ID number mation and s	nally identifiab and student r	name	
Student Signature	 Date						