Office of Financial Aid, Student Employment, and Scholarships

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2021-2022 Aid

Year

(Fall 2021, Spring 2022, Summer 2022)

C-FA-APPEAL-PJ -COA BUDGET INCREASE-CHILDCARE



## **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 2021-2022 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 2021-2022 Award Letter/Notification.

Student Last Name Student First Nam  Semester to re-calculate (choose only one)		e Student ID				
		Fall 2021	Spring 2022 No		Summer 20	
Will you receive dependent care expe	Yes					
If yes, list source (i.e., CCAP) and list	monthly amount of support:	<u> </u>				
Name of your dependent:			Age of your	dependent:		
Please list only one dependent per for List the total number of Dependent C		itted this enro	llmen	t term:		
Does the above named dependent liv		Yes No				
Do you provide more that 50% of the	pport?	Yes	N	No		
Name of care provider:		Hourly rate:			p. 0 1.00	-
The following information	on must be completed l	by your de	pen	dent care	provide	r:
Address of provider:	Hours	Hours per week:				
List normal hours the above dependent is in your care:		License #: (if applicable)				
Provider signature:	Phone	Phone number of provider:				
Check you Please do not email sensitive informatio formation. You should always redact so on all documents submitted. UCCS pro	ocial security numbers, but always	dates to your al security numb is list the UCCS in to submit you	awa pers o stude r infor	rds. r other persorent ID number mation and sa	nally identifiat and student	nam
Student Signature	 Date					