Division of Student Financial Assistance
CPO 59, SSB 251
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Richmond, KY 40475-3159

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Dependent Care Form

Information obtained from your 2009-2010 Free Application for Federal Student Aid (FAFSA) indicated that you have a child or dependent who receive more than half of their support from you.

Student Name	
EKU ID Number	
Last 4 digits of SSN	

If you answer "no" to either question below, disregard this form. If you answer "yes" to both questions, please complete this form and return it to our office.

1. Do you have a child/dependent age 12 or under?
   □ Yes □ No

2. If yes, will you incur childcare expenses for this child/dependent while you attend classes at EKU (i.e. daycare, after school programs, etc.)? *
   □ Yes □ No

***You must attach documentation from your child/dependent care provider that includes their name and address as well as the weekly rate that you are charged for child/dependent care.**

I understand that by answering yes to the above questions, the Division of Student Financial Assistance will use this form to adjust my cost of attendance up to $2,000 for child care expenses (based on full time attendance for both Fall and Spring Semesters). Furthermore, I understand that I am required to provide documentation from my child/dependent care provider and if I purposely give false or misleading information on this form, I may be subject to a $10,000 fine, imprisonment for up to 5 years, or both.

_____ _____
Student Signature Date

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