



2024-2025 Dependent Care Expense Worksheet

Financial Aid Department
 Phone: 360.650.3470
 Email: financialaid@wwu.edu
 Website: financialaid.wwu.edu
 Address: 516 High Street, Old Main 265, Bellingham, WA 98225

 Student Name W _____
Student I.D. Number

If you have out-of-pocket care expenses **for dependents residing with you** as a result of attending classes at Western during the academic year, provide all of the information requested.

Do not include children over the age of 11.

Dependent Care Expenses

List the names, ages, monthly care costs, and quarters care is needed for all dependents covered by this request.

Dependent Name	Age (0-11)	Monthly Cost	Quarters Care Needed		
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr

Dependent Care Provider Certification *

* As an alternative, you may attach a copy of your contract agreement with your dependent care provider, signed by you and your care provider and specifying your monthly payment obligation and the period covered by the agreement.

 Dependent Care Provider (Printed Name)

 Name of Company (if applicable) _____
Phone Number

 Dependent Care Provider Address

I, the Dependent Care Provider, certify that I contracted with the student to provide dependent care for the listed dependents.

 Dependent Care Provider Signature (Handwritten signature required) _____
Date

Dependent Care Assistance (paid for or reimbursed by someone other than your spouse, if married)

List the sources and amounts of care support you receive for dependents listed at the start of this form.

Name of Funding Source	# Months	Amt/Month	Quarters Funding Received		
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr
_____	_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr

Student Name

W
Student I.D. Number

Authorization for Funding

Approved cost of attendance increases are generally met with additional student loan. Grant funding will be awarded based on student eligibility and the availability of funds. Indicate the aid types you are willing to accept to meet your additional childcare expenses:

- Grant Aid
- Subsidized Loan
- Unsubsidized Loan
- Grad PLUS Loan
- Private Loan *

* In addition to submitting this form, you must apply for this loan separately with a lender of your choosing. Information about the application process is available on WWU’s Financial Aid Services Center webpage under [Private Loans](#)

Certification

- I certify that the information provided above is correct, and;
- I will inform the Financial Aid Department of any changes in dependent care providers, expenses or in dependent care resources and;
- I understand that I may request my cost of attendance for dependent care be revised if my costs increase by \$100 or more per quarter.

I understand that submitting this form electronically as an email attachment **using my WWU email account** constitutes my signature and my certification that the information provided herein is complete and correct.

Student Signature (Not required if submitted from your **WWU email account**)

Date

OFFICE USE ONLY	Operations: [D_CARE _____] (COA Revision Type)
------------------------	--