



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

Dependent Care Expense Request

Student Name _____ W _____
 Student I.D. Number _____

You may submit this form for consideration of an increase to your cost of attendance if you have out-of-pocket care expenses **for dependents residing with you** as a result of attending classes during the academic year.

The requested change applies to the academic year: _____

Summer cost of attendance adjustments cannot be requested until the summer quarter financial aid offer is available.

If an adjustment to the cost of attendance is made, it does not guarantee additional aid eligibility.

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 dependent care expenses:

- Federal Direct Subsidized Loan:** Revision can only be made if you have remaining [loan eligibility](#).
- Federal Direct Unsubsidized Loan:** Revision can only be made if you have remaining [loan eligibility](#).
- Federal PLUS Loan:** PLUS Loan borrowers must apply for the loan and complete a PLUS Loan Agreement (MPN) on studentaid.gov or submit a request to increase to their loan using the [PLUS Loan Revision form](#).
- Private Educational Loan:** You must apply for this loan separately with a lender of your choosing. Additional information is available on our [Private Loans](#) webpage.

Dependent Care Expenses

List the names, ages, weekly care costs, and quarters care is needed for all dependents covered by this request. Do not include children over the age of 11.

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

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W _____
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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 weekly 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	Amt/Week	Quarters Funding Received			
_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr	<input type="checkbox"/> Smr
_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr	<input type="checkbox"/> Smr
_____	\$ _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Wtr	<input type="checkbox"/> Spr	<input type="checkbox"/> Smr

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)
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