



WESTERN NEVADA COLLEGE

Financial Assistance Office

CHILD CARE EXPENSE VERIFICATION FORM

This form will be used to document your childcare expenses. Child care expenses are allowed for a student with dependents, on the estimated actual costs incurred for dependent care. Expenses incurred during periods of enrollment include but are not limited to: class-time, study-time, field work, internships and commuting time for the student based on the number and age of such dependents. Expenses may not to exceed the reasonable cost in the community for care provided. **EXPENSES ARE ONLY ALLOWED FOR CHILDREN UNDER AGE 13.**

STUDENT INFORMATION

Student Name: _____ NSHE ID # _____

CHILD CARE PROVIDER INFORMATION

The Child Care Provider or Babysitter is projecting total costs as indicated below for the children listed:

	FALL SEMESTER August to December	SPRING SEMESTER January to May	SUMMER SEMESTER June to July
Student's Cost	\$ _____	\$ _____	\$ _____
Agency's Contribution	\$ _____	\$ _____	\$ _____
Total Projected Costs	\$ _____	\$ _____	\$ _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child care costs will not change your Federal Pell Grant award; however the documented cost can be used to increase your student budget and possibly your eligibility for campus based funds and student loans. Be aware that your financial aid will continue to be processed without the child care allowance included in your budget until this form is returned.

Print Name of Child Care Center or Baby Sitter
Number

Address of Child Care Center or Babysitter Social Security

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Signature of child care provider (Required)

Date

Student's Signature (Required)

Date

For Official Use Only:

____ Approved ____ Denied Comments: _____

Approved by: _____

Financial Aid Advisor

Date