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OFFICE of STUDENT FINANCIAL AID Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897 www.MissouriState.edu/FinancialAid

SUMMER 2024 Childcare Expenses Worksheet

Deadline for processing, please complete form and submit documentation by July 12, 2024

Student Name:

First

BearPass #: <u>M</u> (required)

| A: To be completed by Student | |
|----------------------------------|--|
| Name of child receiving services | |
| Child's date of birth | |
| Name of childcare provider: | |
| Full address | |
| Phone number | |

By signing I acknowledge that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted. Signing also grants permission to the provider listed below to provide information requested by the Office of Student Financial Aid regarding my dependent named above.

Student's Physical Signature (No Digital Signatures)

Date

| B: To be completed by childcare provider | | |
|--------------------------------------------------------------------------|---------------------|--|
| Weekly childcare fee for child named above | \$ | |
| Amount subsidized by scholarship or state/federal assistance programs | \$ | |
| Weekly fee amount paid by student | \$X number of weeks | |
| Start date for childcare | | |

Printed name of childcare provider

Physical signature of childcare provider (No Digital Signatures)

The Office of Student Financial Aid reserves the right to require additional documentation and may contact the childcare provider listed above to verify amounts.

Date

Date

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