



UNIVERSITY OF NORTH CAROLINA WILMINGTON

### 2009-2010 Dependent Care Expenses

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First MI

Dear Student:

You have indicated that you will incur dependent care expenses during the 2009-2010 academic year. Federal regulations give the Office of Scholarships & Financial Aid the ability to adjust a student's budget based on additional expenses such as dependent care. If you wish to have your application reviewed to determine if there is an additional need based on dependent care expenses, please complete the information below and fax or mail this form to the address/fax # indicated below. If approved, additional loan funds will be offered to assist with these child care expenses.

I certify that I will pay \$\_\_\_\_\_ per week for dependent care expenses for dependent(s) listed below during the term in which I will be enrolled. My child(ren) is/are enrolled at: \_\_\_\_\_ daycare facility.

- 2009-2010 academic year
- Spring 2010 Semester
- Fall 2009 semester
- Summer 2010

\_\_\_\_\_  
Child's Name Age

\_\_\_\_\_  
Signature of Day Care Administrator/Provider

\_\_\_\_\_  
Child's Name Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Child's Name Age

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

I certify that I will be enrolled at UNCW during the 2009-2010 academic year and will incur the above dependent care expenses.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form: depend care exp  
Rev: 02/04/2009

**MAIL TO:**

OSFA USE ONLY:

OFFICE OF SCHOLARSHIPS & FINANCIAL AID