



2006-2007 Request for Dependent Care Allowance

Student Name:		Social Security Number: (9 digits with no spaces)								
Local Address		Date of Birth:								
City, State, Zip Code:		Phone Number: ()								

Instructions:

Federal regulation allows financial aid offices to consider the costs incurred by a student in providing care for a dependent. The term "dependent" applies not only to children, but can include, for example, an elderly or disabled adult (including the student's spouse). To qualify, the dependent must be included in the student's household size. We can include these costs when determining a student's federal student aid eligibility **when the costs are not covered by other sources**. To apply for the allowance you must provide our office with:

1. Name(s) and age(s) of your dependent(s) (Section 1, below);
2. Documentation of the type(s) of care that is necessary for your dependent(s) and the non-reimbursement costs you are incurring for the services provided. **Please have your dependent care provider(s) complete Section 2 located on the back of this form (one per provider);**
3. Proof that your spouse is also employed or attending college and unable to provide care for your dependents. (Examples: copy of most recent pay stub, copy of work schedule, copy of class schedule OR letter from employer.)

The allowance is provided to the family; if you are provided the allowance, your spouse is not entitled to the same allowance.

Section 1 (to be completed by the student):

Academic Term:* Fall 2006 **OR** Spring 2007 **OR** Summer 2007

*** A new request is required for each academic term and will not be accepted prior to the 2nd week of classes each term.**

Dependent(s): If you have more than four (4) dependents, please list the following information on an additional piece of paper.

Name of dependent	Relationship to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status: Are you married? YES NO

If YES, will your spouse be enrolled for the 2006-2007 academic year? YES NO

If YES, your spouse's name: _____, Social Security #: _____,

and the name of the college he/she will attend in 2006-2007: _____.

Loan Request: Subsidized Loan Unsubsidized Loan I am submitting an alternative loan application for certification

Certification: The individual(s) referenced above are part of my household while I am attending Oklahoma State University for the 2006-2007 academic year. The expense(s) given above, which I am incurring, are necessary to provide care to my dependent(s). Without these services, I could not attend Oklahoma State University. I agree to provide the Office of Scholarships and Financial Aid additional information if necessary. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is found not to be totally accurate.

I authorize the OSU Office of Scholarships and Financial Aid to contact my dependent care provider(s) if further information is required.

Student's Signature

Date

Please have your dependent care provider(s) complete Section 2 located on the next page of this form.

Student's Name: _____

SSN: _____

Instructions to the Dependent Care Provider:

Financial aid offices can include costs incurred by a student in providing care for a dependent when determining a student's federal student aid eligibility **when the costs are not covered by other sources**. To consider these costs, the OSU Office of Scholarships and Financial Aid requires documentation of the type(s) of care necessary for the dependent(s) and the non-reimbursement costs paid by the student per week. **Please submit one form per provider.**

Section 2 (to be completed by the **dependent care provider**):

Name of Dependent Care Agency: _____

Name/Title of Agency Contact: _____

Telephone Number of Contact Person: (_____) _____

Name of Child	Dates of Attendance	Days/Times per Week	*Non-reimbursed Costs Paid by the Student per Week
			\$
			\$
			\$
			\$

***Non-reimbursed costs are those paid directly by the student to the provider. Do not include payments made to the provider by the Department of Human Services or any other sources.**

CERTIFICATION: I hereby certify that the information reported above is complete and correct.

 Childcare Provider Signature

 Date

 Childcare Provider Printed Name

Return to:
 OSU Office of Scholarships and Financial Aid
 119 Student Union
 Stillwater, OK 74078-5061
 Email: finaid@okstate.edu
 (405) 744-6604
www.okstate.edu/finaid

FAX#: (405) 744-6438
 (If you fax this form, please don't mail it)