



Dependent Care Expense Request

Student Name: _____ CCC ID # _____

A standard increase for dependent care costs **may** be added to your cost of attendance and **may** increase your student loan eligibility only. If you want to be considered for this increase to your cost of attendance, complete this form and return it to the Financial Aid Office for review.

Note: This Request does not guarantee that you will receive additional financial assistance.

Student: I will pay dependent care expenses in order to attend college that are **NOT** paid by any other agency or source for my following dependent(s): **Check the terms you will incur these costs**

Name of Dependent(s)	Age(s)	Fall	Winter	Spring
		(Sept.-Dec.)	(Jan.- March)	(April – June)
1) _____	_____	→ _____	_____	_____
2) _____	_____	→ _____	_____	_____
3) _____	_____	→ _____	_____	_____

List Information on Dependent Care Provider:			
Name of Dependent Care Center or Provider		Street Address	
City	State	Zip Code	
_____(_____)_____	_____	_____	
Phone	Name of Contact Person (if different than stated above)		
_____	_____		

>If you have already activated your student loans this year and this Request results in increased loan eligibility, do you want any resulting increase in your loan processed?

- ___ **Yes**, I authorize processing of any increase to my student loan eligibility based on this Request.
- ___ **No**, do not process automatically. Please email me of increased loan eligibility for my review.

*I verify that I will have out-of-pocket expenses for my dependent(s) listed above while I am in attendance at Clatsop Community College. I certify that these dependent care costs are **not being paid by any other agency or source**. By signing this I give the Clatsop's Financial Aid Office the right to contact my dependent care provider(s) to verify this information.*

Student's Signature

Phone Number

Date