

Student Name:	CCC ID #

A standard increase for dependent care costs **may** be added to your cost of attendance and **may** increase your <u>student loan eligibility</u> 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 <u>not</u> guarantee that you will receive additional financial assistance.

## Student:

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

Name of Dependent(s)	Age(s)	Fall	Winter	Spring
		(SeptDec.)	(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 Perso	on (if different than stated above)

## ><u>If</u> 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 <u>not being</u> <u>paid by any other agency or source</u>. 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

Clatsop Community College | First Stop | Columbia Hall | Room 109

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