



Financial Aid Office • 650 W. Easterday Ave • Sault Ste. Marie, Michigan 49783  
906-635-2678 • Fax: 906-635-6669

**DEPENDENT CARE - To Be Paid by Student for 2009-2010**

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

You have indicated on your verification worksheet that you are paying child care expenses for your dependents. If you will be paying child/elder dependent care during the academic year, please answer the questions below. If you are not paying out-of-pocket dependent care, please return this letter indicating "0" on item 1 and sign this form. Your response is appreciated.

1. How many dependents will you **pay** childcare or elder care expenses in 2009-10?  
\_\_\_\_\_ (If NONE, please state "0" and return this form).

2. List the name and age of these dependents (use reverse if necessary):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. List the name & address of day care provider:

Day Care Provider: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

\_\_\_\_\_

4. Do you have paid daycare (example, FIA)? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What is your weekly rate for full time daycare? \$ \_\_\_\_\_

**TO CERTIFY STATEMENT, PLEASE SIGN, DATE & RETURN.**

Signature: \_\_\_\_\_

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

Completing this form may entitle you to a higher Cost of Attendance budget for financial aid, which may increase your loan eligibility.

**RETURN FORM TO:**  
**Lake Superior State University**  
**Financial Aid Office**  
**650 West Easterday Avenue**  
**Sault Ste. Marie, MI 49783-1699**  
**Fax: 906-635-6669**

**If you are interested in additional loans, please indicate:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Additional Loan Review Needed