



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 2010-2011

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 2010-11?
_____ (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