

STUDENT CHILD CARE EXPENSES
2009-2010

Western Illinois University

Financial Aid Office
Sherman Hall 127
1 University Circle
Macomb, IL 61455-1390

Phone: 309/298-2446
FAX: 309/298-2353

Student's Name: _____
(Please Print)

WIU ID#: _____

I want to be considered for additional loan funds for **child care expenses** for my dependent child(ren).

I have attached a statement on letterhead from the agency or individual providing child care showing the **amount I pay per week** for my child(ren) listed in the chart below.

AND

I have completed the following chart about my dependent child(ren) in child care.

Name of dependent child(ren)	Age	Name of child care provider

I am receiving assistance to help pay child care expenses. Yes No (check one)

If yes, the weekly amount and the source from which I am receiving assistance:

Weekly amount: \$ _____ Source: _____

Student's signature _____ Date _____