



Please return this form to:
University of North Texas
Student Financial Aid and Scholarships
1155 Union Circle #311370
Denton, TX 76203-5017
Fax: (940) 565-2738

2009-2010 Dependent Care Expenses

SECTION A: STUDENT INFORMATION

| | |
|---------------------------------------|--------------------------------|
| Name: | UNT Assigned ID: |
| Telephone (include area code): | Social Security Number: |

SECTION B: ANTICIPATED ATTENDANCE

Please indicate the term(s) for which you will be paying for dependent care expenses:

- Fall '09/Spring '10
 Fall '09 Only
 Spring '10 Only
 Summer '10 Only

SECTION C: DEPENDENT INFORMATION

Please list the people in your household for whom you, **the student**, will pay dependent care expenses accrued while you are in classes for the 2009-2010 school year. Please attach documentation (i.e., daycare expenses/receipt) for each dependent listed.

| Full Name of Dependent | Age of Dependent | Relation to Student | Documentation Attached |
|------------------------|------------------|---------------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

SECTION D: CERTIFICATION

I certify that all the information contained on this form is complete and correct. I also certify that the expenses reported above are for dependent care expenses accrued while I am attending my classes for the 2009-2010 academic year.

Student Signature

Date

 X _____