



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

2016-2017 Dependent Care Expenses

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
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SECTION B: ANTICIPATED ATTENDANCE

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

- Fall 2016/Spring 2017
 Fall 2016 Only
 Spring 2017 Only
 Summer 2017 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 2016-2017 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 2015-2016 academic year. I understand that I must sign and return this form for my financial aid to be processed.

Electronic signatures are not accepted.

Student Signature

Date

X _____

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships, University of North Texas at Dallas- 7300 Univeristy Hills Blvd, Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu