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OFFICE of
 STUDENT
 FINANCIAL AID

Office of Student Financial Aid
 Carrington Hall, Room 101
 901 S. National Ave.
 Springfield, MO 65897
www.MissouriState.edu/FinancialAid

2023-2024 FALL/SPRING Childcare Expenses Worksheet

Student Name: _____ BearPass #: M _____
Last First (required)

Deadline for processing: complete ALL required steps and submit form to the fax/email/address above by:
Fall Semester: November 30, 2023 • Spring Semester: April 26, 2024

Semester (select one per form): Fall 2023 Spring 2024

A: To be completed by Student	
Name of child receiving services	
Child's date of birth	
Name of childcare provider: Full address Phone number	

By signing, I acknowledge that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted. Signing also grants permission to the provider listed below to provide information requested by the Office of Student Financial Aid regarding my dependent named above.

 Student's Physical Signature (**No Digital Signatures**) _____
Date

B: To be completed by childcare provider	
Weekly childcare fee for child named above	\$ _____
Amount subsidized by scholarship or state/federal assistance programs	\$ _____
Weekly fee amount paid by student	\$ _____ X number of weeks _____
Start date for childcare	

 Printed name of childcare provider _____
Date

 Physical signature of childcare provider (**No Digital Signatures**) _____
Date

The Office of Student Financial Aid reserves the right to require additional documentation and may contact the childcare provider listed above to verify amounts.