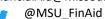
Phone: (417) 836-5262 Phone: (800) 283-4243 Fax: (417) 836-8392

FinancialAid@MissouriState.edu





Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897

www.MissouriState.edu/FinancialAid

2025-2026 FALL/SPRING Childcare Expenses Worksheet				
Student Name:			BearPass #: M	
Last	First		(required)	
<u>Deadline</u> for processing: complete ALL re Fall Semester: November	•	•	rm to the fax/email/address above by: Spring Semester: April 1, 2026	
Semester (select one per form):	☐ Spri	ing 2026		
A: To be completed by Student				
Name of child receiving services				
Child's date of birth				
Name of childcare provider: Full address Phone number				
named above. Student's Physical Signature (No Digital Signature)	ıres)		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 nui	mber of weeks	
Start and end dates for childcare (dates must occur within the semester)				
Printed name of childcare provider			Date	_
Physical signature of childcare provider (No Dig	ital Signature	e <mark>s</mark>)	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.