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OFFICE of
STUDENT
FINANCIAL AID

Office of Student Financial Aid
Carrington Hall, Room 101
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Springfield, MO 65897

www.MissouriState.edu/FinancialAid

2025-2026 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 21, 2025 • Spring Semester: April 1, 2026

Semester (select one per form): ☐ Fall 2025 ☐ Spring 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	

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 and end dates for childcare (dates must occur within the semester)	

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.