

Phone: (417) 836-5262
Phone: (800) 283-4243
Fax: (417) 836-8392
FinancialAid@MissouriState.edu
 @MSU_FinAid



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

SUMMER 2020 Childcare Expenses Worksheet

Deadline for processing, please complete and submit form by July 17, 2020

(Please use black ink to complete this form.)

Student Name: _____
Last First

BearPass #: M _____
(required)

Expenses must be incurred between **May 18 and July 31, 2020.**

A: To be completed by Student

Name of child receiving services	
Child's date of birth	

I give permission to the provider listed below to complete the information requested by the Office of Student Financial Aid regarding my dependent named above.

Name of childcare provider: Full address Phone number	
---	--

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 (electronic/typed signatures not accepted)

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.

C: Student Certification Statement and Physical Signature

By signing below, 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.

Student's Physical Signature (electronic/typed signatures not accepted)

Date