



CHILD CARE EXPENSES 2009-2010

Student Name: _____

SS# _____
(last four digits)

In order to reflect an accurate Cost of Attendance, please complete and return this form with your Award Letter if you have child care expenses.

Children You Pay Child Care For

Age

Total Cost for 2009-2010 Academic Year: \$ _____

If you have any questions, please contact the Financial Aid Office at (603) 752-1113, ext. 1300.

