



CHILD CARE EXPENSES 2010-2011

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 2010-2011 Academic Year: \$ _____

If you have any questions, please contact the Financial Aid Office at (603) 752-1113, ext. 3041.

