

Request for Dependent Care

Dear Director of Financial Aid,

My name is _____.

I am currently a student in _____ term.

I am requesting increase in my Financial Aid for Dependent Care for my:

SPOUSE

CHILD / CHILDREN

I am providing the following documentation as proof that I am the sole / 50% supporter of my family.

MARRIAGE CERTIFICATE

BIRTH CERTIFICATE/S

PICTURE COPY OF PASSPORTS

COURT PAPERS DECLARING THE AMOUNT OF CHILD / SPOUSAL SUPPORT I AM RESPONSIBLE FOR.

COURT PAPERS STATING THAT I HAVE FULL CUSTODY / GUARDIANSHIP OF

_____ (NAME)*

I understand that there are aggregate limits on Stafford loans and Private loans and that it is my responsibility to repay these loans. I have sought and received debt management counseling about this particular issue in the last month.

Signature _____ Date _____

*If you need additional room, you may add that information on the back of this form