MSU-BILLINGS REQUEST FOR CHILDCARE EXPENSES

Student’s Name:__________________________________ ID:_________________

***CHILDCARE EXPENSES may be added to a student’s cost of education for the hours a student is in classes, provided no other agency, program, or person is paying or is expected to pay these expenses. Before we will review this request you must apply to HRDC for state funding assistance and attach a copy of their letter stating their decision. In addition, this form will not be processed unless you attach proof of how much you pay for childcare, such as a recent copy of the daycare bill or copies of canceled checks made payable to the childcare provider.

Name of childcare provider: _______________________________________________________
Address of childcare provider: _____________________________________________________
Phone number of childcare provider: ________________________________________________

Name(s) and age(s) of child needing daycare:
_________________________________________________  ________________
_________________________________________________  __________________
_________________________________________________  __________________

The amount of childcare expenses that could be added to your budget is based upon rates provided by the Human Resources Development Counsel (HRDC) as standard for the number of children needing care and the number of hours you attend classes per week.

<table>
<thead>
<tr>
<th>Credits</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>$1200 per semester/per child</td>
</tr>
<tr>
<td>9-11</td>
<td>$800 per semester/per child</td>
</tr>
<tr>
<td>6-8</td>
<td>$400 per semester/per child</td>
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</tbody>
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If your budget is increased for childcare expenses, what form(s) of additional financial aid do you request to help meet those expenses?

Workstudy ________ Stafford Loan ________ Unsubsidized Loan ________

I HAVE ATTACHED DOCUMENTS TO PROVE THAT I APPLIED TO HRDC FOR ASSISTANCE AND, AS PROOF OF THE AMOUNT THAT I PAY FOR CHILDCARE EXPENSES FOR THE CHILDREN LISTED ABOVE (copy of bill on letterhead or copies of canceled checks). ANOTHER AGENCY, PROGRAM, OR INDIVIDUAL COVERS NONE OF THE EXPENSES I CLAIM.

___________________________________  ________________
Student Signature      Date

***Totally On-Line Students are NOT eligible for the Child Care Expense***