



CHILDCARE EXPENSES - Academic Year 2023-2024

*Please contact the College of Medicine Financial Aid Office for guidance.

Childcare may be added to your budget if incurred costs are to attend school.

To request additional financial aid for child care costs:

1. Section A of this form to be completed by the COM-P student.
2. Have your childcare provider complete Section B of this form.
3. Submit this form to the College of Medicine Phoenix Financial Aid Office. Attach a copy of your child care contract or agreement (if there is one).

Please type or write in dark ink. DO NOT use pencil.

SECTION A (To be completed by student)			
LAST NAME:	FIRST:	MI:	STUDENT ID #:
ADDRESS:			ZIP:
PHONE:		E-MAIL:	

Name(s) of Dependents Requiring Child Care	Age and Birthdate (include year)

Do you receive child care subsidies from other sources: ___Yes ___No
If yes, indicate the source and the amount received per month for all children listed in Section A.

I certify that the above information is true and correct, and I authorize UA College of Medicine Phoenix to obtain information about child care subsidies that I may be receiving.

Student's Signature: _____ **Date:** _____

SECTION B (Completed by child care provider)	
NAME:	
RELATED TO STUDENT:	If yes, describe:
ADDRESS:	
TELEPHONE:	

Names of Student's Dependents for Whom You Provide Care	Fee/Per: Day, hour, month	Number of Days Each Month	Total Amount Each Month	Beginning and End Dates of Care

I certify that the above information is true and correct.

Childcare Provider's Signature: _____ **Date:** _____