

Child Care Expenses

Complete the following only if you included dependents in your family size on the FAFSA and will pay child care expenses for those same dependents.

Please circle the term for which you will pay childcare expenses:

Summer 2008 Fall 2008 Spring 2009 Summer 2009

Name of Child	Age	Monthly Cost	Name of Care Facility or Care Giver and Complete Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name (please print)

Date

School (Medicine, Allied Health Professions, Graduate Studies)

Return to: Student Financial Aid LSUHSC-S 1501 Kings Hwy. Shreveport, LA 71130