



# The University of Georgia

A Division of Student Affairs  
Office of Student Financial Aid

**Return Completed Form to:**  
Office of Student Financial Aid  
220 Holmes/Hunter Academic Building  
Athens, Georgia 30602-6114  
ATTN: Loans

## 2006-07 Dependent Care Expense Request Form

**Student's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Local Telephone:** \_\_\_\_\_

*In calculating a student's Cost of Attendance (COA), federal regulations permit the Office of Student Financial Aid (OSFA) to include an allowance based on expenses incurred for dependent care. The period of time for which the dependent care expenses are incurred must be directly related to the time needed for the student to pursue his/her education. The dependent must have been included in the student's number in household on the 2006-2007 Free Application for Federal Student Aid (FAFSA).*

Due to federal student aid program limits, the addition of dependent care expenses to the Cost Of Attendance (COA) may not result in the awarding of additional funds to the student. This form is used to document expenses relating to dependent care for a student attending the University of Georgia. The FAFSA uses 2005 income, earnings, and benefits to determine financial aid eligibility. OSFA may consider dependent care costs for the 2006-07 academic year.

**You must submit a request to have dependent care expenses considered each year when you reapply for student financial aid.**

**A)** Complete both sides of this form and attach documentation supporting the amounts listed. This request will not be considered until OSFA receives all required information.

**B)** Check the semesters you will be enrolled and are requesting the dependent care COA adjustment.

Fall 2006

Spring 2007

Summer 2007

**C)** List

**Type of Assistance Received**

**Amount Received Per Month**

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**D)** Please complete the section below listing each dependent for whom you paid or will pay dependent care expenses incurred in the 2006-07 academic year.

Name of Dependent	Age	Relationship	Expense
John Smith	4	son	\$80 per week

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## Documentation

In order to consider your request, **ONE** of the following documents must be attached to this form.

- 1) A signed letter or contract from the care provider reflecting the names of your dependents for whom they provide care, hours they care for each dependent per week, and the weekly charges.
- 2) Copies of canceled checks or receipts that clearly verify the amounts listed in Section D of this form.

## Request for Additional Loans

Please check **one** of the following:

- Add the **maximum loan amounts** to my student financial aid award.
- Add \$\_\_\_\_\_ in loans to my student financial aid award.
- Other. Please specify your request.

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**Student Signature**

**Date**

### FOR OFFICE USE ONLY

Dependent care cost per week	_____	
Weeks student is enrolled	X _____	
Total cost of dependent care	= _____	
Cost of Attendance	+ _____	
Total amount of outside assistance (Section C)	- _____	
Adjusted Cost of Attendance	= _____	
Adjusted by _____	_____	
Counselor	Date	FK