BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Financial Aid Services
P.O. Box 6000, Binghamton, NY 13902-6000
(607) 777-2428 FAX: (607) 777-6897
Student Services Wing-Room 109 **http://bingfa.binghamton.edu**

Day Care Expenses

You have requested a review of your financial aid eligibility determination for the 2008-09 academic year based on day care expenses. Please provide the information requested below so that we may accurately assess your financial aid eligibility. If the answer is zero, write $0. If the question is not applicable, write N/A. If we need additional information after reviewing your response, we will contact you. **You and the day care provider must sign the certification statement.**

Print Student's Name _____

Student's Date of Birth _____

1. Will you incur day care expenses while you are attending college during the:
   Fall 2008 term [ ] Yes [ ] No
   Spring 2009 term [ ] Yes [ ] No

2. Indicate the name, address, and telephone number of your day care provider.

   _____

   Name Street Address

   City State Zip Code Phone Number

3. List your day care expenses incurred **while enrolled this academic year**. (Do not include expenses incurred at other times.) $_____ per week _____# of weeks

4. List amount of benefits provided for day care by other sources or agencies (e.g. Dept. of Social Services.) $_____ per week _____# of weeks

5. List the name(s) of child/children requiring day care and their relationship to you.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

6. If you are married and not separated/divorced, is your spouse employed?
   [ ] Yes [ ] No

I certify that, to the best of my knowledge, the information provided is true.

Student's signature _____ Date _____

Care Provider signature _____ Date _____