

Umpqua Community College Financial Aid Office PO Box 967 Roseburg, Oregon 97470 541.440.4602 | 541.440.4612 (FAX) FinancialAid@umpqua.edu

Child Care Cost Add-On Request

A standard increase for dependent Work-Study and Student Loan Eligi complete this form and return it to eceive additional financial assistan	bility only. If you	u want to b	e considered f	or this in	crease to	your cost o	of attendance,
List the name of each child, their	r age, and the t	erms that	you will be atte	ending:			
Name of Child		Age	Summer	Fal	II	Winter	Spring
Lucy Lei (Example)		4		Х		Х	Х
I certify that I pay daycare costre not being paid by an other age overs daycare costs) by signing below, I certify that the aformation, I may be fined up to \$	ncy or source. (I above informati 20,000, sent to	E.g., state of ion is true of prison, or b	child care assist	sance (DI	HS), ERDC,	, or parent/ at if I give fo	spouse who
Student Signature:					Date:		
Office Use Only							
Amount per Term	Х	# of	Terms	=		Allowa	nce
	Х			=	\$		
	X			=	\$		
	X			-	\$		
	^	Total Allov	vance Added To				
Financial Aid Signature				Date			

Student Name_____Student ID#_____