**09-10**

Indiana State University
More. From day one.

**Office of Student Financial Aid**
150 Tirey Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: finaid@indstate.edu
**Web: www.indstate.edu/finaid**

# Care Expense Form

_____ _____ 991-_____
Student First Name M.I. Last Name ID Number

Child, dependent or elder care costs may be considered in the Cost of Attendance based on Federal guidelines. Please list the child, dependent or elder care expenses which can be documented and supported.

**Section I: Please list the dependents supported in your household.**

| Name | Relationship | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Section II: Child, Dependent, Elder Care Expenses**

Please list the monthly expense that you will pay out of pocket during the period of enrollment. Exclude any assistance paid on your behalf.

| Type of Expense | Monthly Expense |
|---|---|
| **Daycare** | **$** |
| **Dependent Care** | **$** |
| **Elder Care** | **$** |

**Section III: Certification**

I certify that all the information submitted is correct and that the amounts paid are actual expenses incurred by my household.

_____ _____ _____ _____
Student Signature *(required)* Date Parent Signature *(required if student is dependent)* Date