**College Connect Locations** SUNO Campus: Miguel Devezin Bashful Administration Bldg, Rm 210 Phone: 504-286-5007 Fax: 504-286-5213 Email: mdevezin@susla.edu

SUBR Campus: Carey Williams Stewart Hall, Rm 107 Phone: 225-771-5630 Fax: 225-771-4954 Email: cwilliams@susla.edu



Excellence • Integrity • Accountability • Service

**Office of Student Financial Aid & Scholarships** L.C. Barnes Administration Bldg., Room A-43 3050 Martin Luther King, Jr Dr. Shreveport, LA 71107 Phone: (318) 670-9221 • Fax: (318) 670-6313 • Email: financialaid@susla.edu

## **CHILD CARE EXPENSE FORM** 2016 - 2017

Name:	SSN (last 4 digits): XXX-XX
This form is to document s	student's claim that (S) he has to pay child care while attending school.
Number of demandent	t children 12 years old and under Nursery Before school care After school care (s) who are elderly or disabled of dependent (s) receiving care:
Childcare expense is paid for the	following semester: Fall 2016 Spring 2017 Summer 2017
Explain why you must incur child	d care expenses (or elderly/disabled care expenses) for your dependent (s).
How much do you pay per month	h?
Name:	institution that cares for your dependent.
Dependent's name *Period in Copies of cancelled checks or rec	I's birth certificate and a letter from the care facility (on letterhead) verifying the following information: n which care is provided *Amount paid per month *Payee's Name ceipts may be submitted along with this form and letter. nancial Aid reserves the right to request additional information and/or confirm the information that is being
I certify that the information that	has been provided on this form is complete and accurate.
Student's Signature:	Date:
FINANCIAL AID OFFICER:	() Accepted () Rejected
Comments:	
COA updated for: Fall 2010	6 Spring 2017 Summer 2017
Certified by:	Date:
-	

Southe