Child Care Request

Student Name ___________________________ UO ID ____________________ Aid Year ______-______

Terms:  □ Fall  □ Winter  □ Spring  □ Summer (summer requires separate request)

Children must be 12 years or younger to qualify for consideration, and must be part of your household. Documentation of payment may be requested prior to approval of the addition of childcare costs to your estimated student expenses.

To Be Completed by the UO Student:

Source of child care subsidy or assistance (if applicable): __________________________

Amount of Child Care Subsidy: $___________ or ____________%

□ I accept additional federal loans. Federal loan limits may affect eligibility.

□ I will apply for a Federal Graduate PLUS Loan.

□ I will apply for an Alternative Loan.

□ I have a scholarship that will assist with my child care costs.

Name of Scholarship: ______________

To Be Completed by the Child Care Provider:

Are you a licensed childcare provider through the Oregon Child Care Division?  □ Yes  □ No

*If the provider is unlicensed, students must attach proof of payment to this form.*

If you are a relative of either the parent or child, please indicate your relationship: ___________________

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
<th>Rate/Hour</th>
<th>Hours/Day</th>
<th>Days/Week</th>
<th>Weekly Cost</th>
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Total Weekly Cost: ______________

Name of Child Care Provider: ____________________________

This section completed by (please print): ____________________________

Address: ______________________ City: ____________ State: ______ ZIP: ____________

Contact Phone: ____________________________

Student Signature ____________________________ Date ____________

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Service | Support | Success
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