



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: _____

Child's Name	Child's Age	Rate/Hour	Hours/Day	Days/Week	Weekly Cost
_____	_____	_____	X _____	X _____	= _____
_____	_____	_____	X _____	X _____	= _____
_____	_____	_____	X _____	X _____	= _____

Total Weekly Cost: _____

Name of Child Care Provider: _____

This section completed by (please print): _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Phone: _____

Student Signature

Date