



Financial Aid Office
 Lommasson Center 218
 Missoula, MT 59812-2232
 Phone: (406) 243-5373
 Fax: (406) 243-4930
faid@mso.umt.edu

2020-2021 Childcare/Elder Care Expenses

Name: _____ UM ID#: 790

UM E-Mail: _____ Phone#: _____

Spouse's name (if applicable): _____ Spouse's SS#: _____

If you will pay childcare or eldercare expenses between August 2020 and May 2021, this form verifies that these expenses are necessary to attend class and study during this academic year. Please keep in mind that submitting this form does not guarantee an increase in federal aid because there may not be additional federal aid resources to help cover these expenses.

Dependent's Name	Age	Cost*	Care Provider	Signature of Provider	Phone #

*Costs estimated for entire school year from August of 2020 to May of 2021 (*not monthly amount*).

By signing below I certify that none of the expenses listed on this form will be covered by another agency, and I will be paying these expenses myself. The information on this form is true and accurate to the best of my knowledge, and I will provide proof of payment, if required. If married, my spouse has not, and will not, claim these expenses.

 Student signature _____
Date

WARNING: If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be fined \$20,000, sentenced to prison, or both.

..... OFFICE USE ONLY

AUT SPR SMR UGASTDN: SHATERM / ROASTAT / SFAREGS:
 Current New Residency: _____ Cr. Attempted/Passed: _____
 Budget: _____ _____ Grade Level: _____ SAP: _____
 EFC: _____ MC: _____ Current Term Credits: _____

DEPENDENT	INDEPENDENT
\$ 5,500	\$ 9,500
\$ 6,500	\$10,500
\$ 7,500	\$12,500
GRAD →	\$20,500

AWARDS:	TOTAL:		DECREASE/INCREASE:		
	WAS	NOW	FALL	SPRING	SUMMER
PERKINS:					
SUB: Gross					
Net \$					
UNSUB: Gross					
Net \$					
PLUS/PR: Gross					
Net \$					

Evaluator: _____ Date: ____/____/____ AID YEAR: _____

RHACOMM:___ UGASTDN:___ SHATERM:___ SFAREGS:___ RNANAXX:___ RNAOVXX:___ RBAABUD:___ ROAIMMP:___ RPAAWRD:___ Ltr:___ ROAUSDF:___ RRAAREQ:___