



Financial Aid Office
 Missoula, MT 59812-2232
 Phone: (406) 243-5373
 Fax: (406) 243-4930
finaid@umontana.edu

2022-2023
 Childcare/Eldercare 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 2022 and May 2023, this form verifies that these expenses are necessary to 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 2022 to May of 2023 (*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
SUB: Gross					
Net \$					
UNSUB: Gross					
Net \$					
PLUS/PR: Gross					
Net \$					

Evaluator: _____ Date: ____/____/____