

Name \_\_\_\_\_  
 ID \_\_\_\_\_  
**2017-18 Child Care Expenses (734)**

**Western Illinois University**  
 Financial Aid Office  
 Sherman Hall 127  
 1 University Circle  
 Macomb, IL 61455-1390  
 Phone: 309/298-2446  
 FAX: 309/298-2353

I want to be considered for additional loan funds for **child care expenses** for my dependent child(ren).

I have attached a statement (dates between 7/1/17 – 6/30/18) on letterhead from the agency or individual providing child care showing the **amount charged per week** for my child(ren) listed in the chart below.

**AND**

I have completed the following chart about my dependent child(ren) in child care.

Name of dependent child(ren)	Age	Name of child care provider

I am receiving assistance to help pay child care expenses. \_\_\_ Yes \_\_\_ No (check one)

If yes, the weekly amount and the source from which I am receiving assistance:

Weekly amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_