

Name _____
 ID _____
2024-25 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 7/1/24 – 6/30/25) 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** _____