PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

2009 – 2010 Dependent Care Expenses Form

_____

Last Name First Name M.I.

_____

Date of Birth PVAMU Student Identification Number
Number provided by the University. This is not your SSN.

_____

Home Phone Number Cell Phone Number

Allowance may be available for expenses related to child care. Extended family support may be allowed for dependents that are unable to support themselves due to a disability.

_____ Do you pay for elementary or secondary educational expenses for a family member with a disability?

_____ Do you have dependent care expenses for a child, elderly or challenged family member?

List family member(s) and the amount of expenses below:

Name	Age	Relationship	Expenses
			$
			$
			$
			$
			$
			$

Required documents:

- Billing statement and letter from the school and/or caregiver detailing your expenses
- Current year tax return
- Flex plans

_____ _____

Student Signature **Date**

***Allow 10-14 days to process this request**

Office of Student Financial Aid
P.O. Box 519, Mail Stop #1005 Prairie View, Texas 77446
Phone (936) 261-1000 Fax (936) 261-1031/1032

www.pvamu.edu