2023 – 2024 Dependent Care Worksheet

Student to Complete: Name: Student ID/SSN:		C	Office Use Only			
Household Size (Check in PF): Spring: \$ PF - Comment? Total Approving Student to Complete: Student to Complete: Student ID/SSN: Address: Phone: Student ID/SSN: Phone: Student ID/SSN: Phone:	Date Received Stamp:	Quarters Applicable:	Sumn	ner: \$	PF – Budget Adj.?	ID#:
Student to Complete:		☐ Summer ☐ Fall ☐ Winter ☐ S	pring Fall:	\$	□Yes □No	
Student to Complete: Name: Student ID/SSN:		Household Size (Check in PF):	Winte	er: \$	PF – Comment?	Total Approved Amount:
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Name: Student ID/SSN: Address: Phone:					•	•
Address: City: State/ZIP: Degree Program: Select all quarters that you plan on attending: I receive funding from the following sources to assist with childcare expenses (DSHS, etc.): Funding Source: Funding Source: Amount: \$ Amount: \$ Northwest Indian College may incorporate an allowance for dependent care expenses into a student's budget. Please note that the request for funding, but for a request to increase a student's budget. The allowance will cover periods that include class time, student, in the student is allowance will cover periods that include class time, student, in the student is allowance will cover periods that include class time, student, in the student is allowance will cover periods that include class time, student, in the student is allowance must not exceed average rates in the area. Only dependen your household size on your FAFSA are permitted to be listed below. Please have your childcare provider complete the section be This section MUST be completed by your childcare provider only! Name/Organization: Address: Telephone #: I provide childcare at a Home Daycare Child Care Center Name of Student's Dependents for Whom You Provide Care Age Fee Per Day Number of Day Certification Statement: Under penalty of perjury, I certify that the above is true and correct. Signature of Child Care Provider: Date: Student Certification Statement: I certify that the information provided is true and correct to the best of my knowledge. I w the Financial Aid office of any changes in dependent care providers or expenses. I understand that any falsified or	Name:	Stud]•	
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Student Signature: Date:			Date:			

Free Application for Federal Student Aid (FAFSA)

www.fafsa.ed.gov NWIC Federal School Code: 021800 Northwest Indian College Financial Aid Office 2522 Kwina Road Bellingham, WA 98226 Phone: (360) 676-2772 ext. 4206 Toll-free: (866) 676-2772 ext. 4206 Fax: (360) 676-2772 ext. 4206 Email: financialaid@nwic.edu