

---

# • CAYUGA COMMUNITY COLLEGE •

Financial Aid Office • 197 Franklin Street, Auburn, NY 13021  
Auburn 315-255-1743 ext. 2470 • Fulton 315-592-4143 ext. 3004 • FAX 315-252-2185

---

## Child Care Expense Documentation

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Banner ID Number C \_\_\_\_\_

I am requesting that my Financial Aid Cost of Attendance at Cayuga Community College be increased due to the following child care expenses:

Number of children for whom care must be provided \_\_\_\_\_

Ages of children \_\_\_\_\_

Average number of hours per week that care must be provided \_\_\_\_\_

Number of weeks that care must be provided (15 weeks per semester) \_\_\_\_\_

(30 weeks per year) \_\_\_\_\_

Total amount paid for child care for the above period \$ \_\_\_\_\_

Name of child care provider \_\_\_\_\_

Signature of child care provider \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Financial Aid Office at Cayuga Community College