



SOUTHERN UNIVERSITY AT NEW ORLEANS
Office of Student Financial Aid
 6400 PRESS DRIVE
 ADMINISTRATION BUILDING ROOM 164
 NEW ORLEANS, LOUISIANA 70126
 OFFICE NUMBER: (504) 286-5263
 FAX (504) 286-5213

2018-2019 CHILDCARE FORM

Name: _____ **SUNO ID#:** _____

This form is to document student's claim that (S)he has to pay child care while attending school.

- Number of dependent child 12 years old and under _____
- Number of dependent(s) who are elderly or disabled _____
- Please indicate name of dependent(s) receiving care: _____

Childcare expense is paid for the following semester [] Fall 2018 [] Spring 2019 [] Summer 2019

Explain why you must incur childcare expenses (or elderly/disabled care expenses) for your dependent(s).

How much do you pay per month? _____

Please list the name of person or institution that cares for your dependent.

Name: _____

Address: _____

Telephone Number: _____

Please submit a letter from the care facility (on letterhead) verifying the following information:

*Dependent's Name * Period in which care is provided *Amount Paid Per Month *Payee's Name

Copies of cancelled checks or receipts may be submitted along with this form and letter.

I understand that the Office of Student Financial Aid reserves the right to request additional information and/or confirm the information that is being reported.

I certify that the information that has been provided on this form is complete and accurate.

Student's Signature: _____ Date: _____

*****TO BE COMPLETE BY THE FINANCIAL AID OFFICE*****

FINANCIAL AID OFFICER: () Accepted () Rejected

COA updated for: [] Fall 2018 [] Spring 2019 [] Summer 2019

Comments:

Certified By: _____ Date: _____