



2023-24 Dependent Care Expense Consideration

Student's First Name		WSU Student ID #	
Student's Last Name		Phone Number	

Submitting a budget adjustment request does not guarantee additional financial aid funding. We will consider reasonable documented expenses on a case-by-case basis for care of the student's dependents in the household.

Submit this form and attachments before the processing deadline: Fall 2023-December 1, Winter 2024-April 1, Spring-June 1, Summer and Spring/Summer-August 1, MD students-two weeks prior to the end of the semester.

Educational related activities

We are only able to include costs for educational related activities per week. Educational related activities are considered 3 hours for every 1 credit hour you are enrolled. Example: 12 credits = 36 hours per week of educational related activities.

Student loan debt

If your combined federal student loan debt - Subsidized, Unsubsidized, and Graduate PLUS loans - exceeds \$207,750, your dependent care expense consideration request may be denied. The MD student debt limit is \$336,000.

Parent status

If you are a single parent not receiving child support from the other parent, we will consider reasonable documented expenses. If you are married/living with the other parent in your household and they are a full-time student or employed outside the home for a minimum of 30 hours per week, we will consider 50% of reasonable documented expenses.

Complete Parts 1 and 2 entirely. Incomplete forms will not be processed.

Part 1– To be completed by the student	
How many credit hours are you enrolled in? <i>Project future terms of enrollment</i>	Fall: _____ Winter: _____ Spring/summer: _____
How many days a week are you traveling to school?	Number of days per week: _____
Federal Student Loan Debt <ul style="list-style-type: none"> To locate your federal loan debt amounts, visit studentaid.gov. You will need your FAFSA FSA ID and password. 	Subsidized Loan Total: _____ Unsubsidized Loan Total: _____ Grad PLUS Loan Total: _____ Total Student Loan Debt: _____
Do you receive other support to assist with dependent care costs?	No _____ Yes _____ Weekly amount: \$ _____
Is spouse/other parent in the household employed for a minimum of 30 hours per week?	No _____ Yes _____ N/A _____
Does spouse/other parent in the household attend school?	No _____ Yes _____ ATTACH a copy of their class schedule
I give permission to the dependent care provider listed to release information related to this form. I understand that additional documentation may be requested.	
_____ Student signature	_____ Date
Optional Authorization to Increase Federal Direct Unsubsidized loans: If a budget adjustment is approved, I authorize WSU to process additional loan funds to the fullest value possible. (Note: Request a Grad PLUS loan increase at studentaid.gov .) I understand loans must be accepted in Academica while I am still enrolled for the semester.	
_____ Student signature	_____ Date

– Complete part 2 on next page –



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Student's First Name	<input style="width: 95%;" type="text"/>	WSU Student ID	<input style="width: 95%;" type="text"/>
Student's Last Name	<input style="width: 95%;" type="text"/>	Phone Number	<input style="width: 95%;" type="text"/>

Part 2 – To be completed by the dependent care provider						
1. Name of dependent care facility or provider	<input style="width: 95%;" type="text"/>					
a. License # of facility/provider If you are using a non-licensed in-home provider, you must have this form notarized.	<input style="width: 95%;" type="text"/>					
b. Phone number of facility/provider	<input style="width: 95%;" type="text"/>					
2. Name of dependent(s) in care:	Age	Weekly cost, minus discounts, if any, for additional dependents:				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$				
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$				
TOTAL weekly cost		\$				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 65%;">Signature of care provider</td> <td style="border: none; width: 25%;">(Signature must be handwritten with ink or stylus)</td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;">Date</td> </tr> </table>			Signature of care provider	(Signature must be handwritten with ink or stylus)		Date
Signature of care provider	(Signature must be handwritten with ink or stylus)		Date			

Area reserved for notary, if needed - If you are using a non-licensed in-home provider, you must have this form notarized.