



2024-25 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 2024-December 1, Winter 2025-April 1, Spring 2025-June 1, Summer and Spring/Summer 2025-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 _____ (Signature must be handwritten with ink or stylus) Date _____

- Complete part 2 on next page -



2024-25 Dependent Care Expense Consideration

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

Part 2 – To be completed by the dependent care provider:

1. Name of dependent care facility or provider	
a. License # of facility/provider If you are using a non-licensed in-home provider, you must have this form notarized.	
b. Phone number of facility/provider	

1. Name of dependent(s) in care:	Age	Weekly cost, minus discounts, if any, for additional dependents:
		\$
		\$
		\$
		\$
		\$
		\$

TOTAL weekly cost	\$
--------------------------	-----------

_____ 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.