STATE NEED GRANT RECIPIENTS: The State Need Grant (SNG) program currently provides a Dependent Care Allowance (DCA) to SNG recipients who qualify. You do not need to have your dependent care provider complete the bottom section of this form if you are applying for SNG ONLY.

ALL APPLICANTS please respond to the following questions:

❖ Do you pay dependent care expenses to someone outside of your household? Yes_____ No_____

❖ Are you receiving dependent care assistance from another agency? Yes_____ No_____
If yes, attach a statement from that agency reflecting the amount of dependent care assistance you will receive.

❖ Will your spouse attend EWU between 09/23/2009 and 06/11/2010? Yes_____ No_____
If Yes, Name ___________________________ EWU ID# ______________________

Names and ages of your dependents who require care: (If over age 12, please explain why the dependent care is needed on the back of this form.)

__________________________________ ____  ___________________________________ __
__________________________________ ____  ___________________________________ __

I certify that I will incur dependent care expenses while attending EWU. I also agree to notify the Financial Aid & Scholarship Office at EWU if any dependent care funding is subsequently authorized by another agency or program. In addition, if requesting additional loan funding, I authorize the dependent care provider named below to release information regarding any other payment received by the dependent care provider for services rendered.

_________________________ ______________________
STUDENT SIGNATURE DATE

(ONLY COMPLETE THE BOTTOM SECTION IF REQUESTING STAFFORD LOAN FUNDING.)

TO: PROVIDER OF DEPENDENT CARE SERVICES

Please provide the actual or estimated costs of dependent care services for the above named student's dependents between 09/23/2009 and 06/11/2010.

Provider Name: ___________________________ Cost Per Month: ________
Address: ___________________________ # of Months: ________

(Do not give PO Box)

Phone Number: ___________________________

Does anyone other than the student/spouse pay you for dependent care expenses? Yes _____ No ______
If so, please explain on the reverse side.

_________________________ ______________________
DEPENDENT CARE PROVIDER SIGNATURE DATE

Return this statement to address above.