LAMAR STATE COLLEGE - PORT ARTHUR

VERIFICATION OF CHILD CARE EXPENSES
2011-2012

_____ _____
Last Name First Name M.I. Student ID #

Will you have child care expenses associated with attending college during the 2011-2012 school year (July 1, 2011 thru June 30, 2012)? _____ YES _____ NO

If no, please sign and date and return this form to the Lamar State College-Port Arthur Office of Student Financial Aid. If yes, please complete the remainder of this form before submitting it to the Office of Student Financial Aid.

DEPENDENT'S NAME	AGE	ANTICIPATED CHILD CARE EXPENSE FOR THE YEAR
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION REPORTED FOR CHILD CARE EXPENSES IS TRUE AND CORRECT.

CAUTION: PLEASE PROVIDE ACCURATE INFORMATION

WARNING: ACCORDING TO FEDERAL LAWS, IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.

_____ _____
Student's Signature Date

Note: If you have a child twelve or younger, this form is required.