ALABAMA AGRICULTURAL & MECHANICAL UNIVERSITY

| Office of Student Financial A | Aid | Dependent Care Expenses 2006-0 | |
|---|--------------------------|--------------------------------|--|
| Last Name | First Name | | M.I |
| Date of Birth | | Number pr | Student Number (Alt. ID) ovided by the University. This is not your SSN. |
| Home Phone number | Work Phone number | | |
| Allowance may be available for expense for dependents that are unable to suppo | | | family support may be allowed |
| Do you pay for elementary or sec | ondary educa | tional expenses for | a family member with a disabilit |
| Do you have dependent care expo | | , | nged family member? |
| Name | Age | Relationship | Expenses |
| | | - | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Required documents: Letter from the school and/or care Billing Statement | gi v er detailinş | g your expenses | |
| Student Signature | | — Date | - |
| Please mail or fax form to: | | | |
| Alabama A&M University Office of Student Financial Aid P.O. Box 907 Normal, AL 35762 Telephone: (256) 372-5400 Website: www.aamu.edu/finaid | | | |

Fax: (256) 372-5407