

# ALABAMA AGRICULTURAL & MECHANICAL UNIVERSITY

## Office of Student Financial Aid

## Dependent Care Expenses 2006-07

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Number (Alt. ID)

Number provided by the University. This is not your SSN.

\_\_\_\_\_  
Home Phone number

\_\_\_\_\_  
Work Phone number

Allowance may be available for expenses related to child-care. Extended family support may be allowed for dependents that are unable to support themselves due to a disability.

☐ Do you pay for elementary or secondary educational expenses for a family member with a disability?

☐ Do you have dependent care expenses for a child, elderly or challenged family member?

**List family member(s) and the amount of expenses below:**

Name	Age	Relationship	Expenses
			\$
			\$
			\$
			\$
			\$
			\$

### Required documents:

- Letter from the school and/or caregiver detailing your expenses
- Billing Statement

\_\_\_\_\_  
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](http://www.aamu.edu/finaid)  
Fax: (256) 372-5407