



OFFICE OF FINANCIAL AID
 P.O. Box 10 Peru, NE 68421
 402-872-2228 | Fax: 402-872-2419
 onestop@peru.edu

21-22 Daycare Expense Appeal

PRIDE • EXCELLENCE • RESILIENCE • UNITY

Student Name _____ NUID _____

Cell Phone _____ Email Address _____

An allowance for daycare expenses incurred **during the hours you are attending class or class related activities** can be included in your cost of attendance budget used to determine your financial aid eligibility. Please complete the information below and return this form to the Financial Aid Office.

Child's Name	Age	Amt Paid (Fall term) (Aug 2021-Dec 2021)	Amt Paid (Spring term) (Jan 2022-May 2022)

Report **ONLY** the amount you pay for dependent care while you are attending class or class related activities.

CHILD CARE EXPENSES: (Check type of documentation provided)

Attached is a copy of my care provider contract or copies of my cancelled checks.
 I pay a total of \$ _____ per month/year (circle one).

OR

The care provider completes information below:

Care Provider Name (please print) _____ Address _____

Care Provided from ___/___/___ through ___/___/___ Amount Charged \$ _____ per week/month/flat rate (circle one)

I certify the above charges are for child/dependent care provided during the period August 2021 through May 2022 for the student named on the top of this form. I also certify that these charges are true and correct.

Provider Signature _____ Phone _____ Date _____

Signature: Signing this form certifies that all the information reported on it is complete and correct.

Student Signature _____ Date _____

PLEASE RETURN TO: Peru State College One Stop Office (Fax, Email, myPSC Upload, US mail: address above)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

For Office Use
 FA Form

32APDC

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P.O. Box 10 ♦ Peru, Nebraska 68421-0010 ♦ 402-872-2228 ♦ Fax: 402-872-2419 ♦ WWW.PERU.EDU/FINANCIALAID

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