

Childcare Expense Appeal

2024-25 Academic Year

DIRECTIONS—In order to maximize your financial aid eligibility, your appeal should be submitted at least two weeks prior to the end of the term in which you are seeking an adjustment. Appeals submitted within two weeks of the end of term will be reviewed, but financial aid funds may be limited or no longer available.

Your childcare expenses during the 2024–2025 academic year may be considered in determining financial aid eligibility. The maximum allowance is \$1,705 per month for each dependent, based upon DHS Child Care Maximum Rates, your zip code, and your enrollment level. The Financial Aid Office will only consider costs incurred while attending Eastern Oregon University during the current academic year.

If approved, loans are the only aid that may be increased, provided you have remaining annual loan eligibility.

You MUST provide the following required documentation:

- 1. A written explanation of your situation, including whether the cost is paid in part by another person or agency.
- 2. A statement, contract, or letter from the childcare provider that includes:
 - a. The name, address, phone number, and signature of the care provider.
 - b. The name(s) of dependent(s) in the provider's care.
 - c. The expected period of care for each dependent, including start and end dates during the 2024-2025 academic year.
 - d. The number of hours AND the cost per week for each individual in dependent care
- 3. Canceled checks or receipts as proof of payment for dependent care.

Return Form—

A p Online (preferred): Secure Document Upload Portal

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

By Fax: 541-962-3661

By Mail or in person to: EOU FINANCIAL AID OFFICE, ONE UNIVERSITY BLVD INLOW HALL # 104 LA GRANDE, OR 97850-2807

PART A. Student information					
Legal name (required, last, first, middle initial)			Preferred name (optional)		University ID
Current mailing address (street, apartment or	umber, city, state, ZI	² code, country)		Phone number (include area code)	
List the name and EOU student ID of any other household member attending Eastern Oregon University. Dependent care expenses can only be added to one family member's record. Attach an additional sheet of paper, if necessary.					
Student name				University ID	
PART B. Dependent care information					
Do you pay for childcare expenses?					
If yes, list the name(s) of the dependent(s) who will be in the care of a paid provider. Attach an additional sheet if necessary.					
Name of dependent	Age	Relationship	Name(s) of care provide	ers	2024-2025
					childcare expenses
PART C. Certification					
You must sign this form to certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.					
Student signature					Date
Spouse/parent signature					Date
l submitted documents become part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for ivacy under federal law (FERPA).					