



**VERIFICATION OF DAY CARE EXPENSES
OR ELEMENTARY/SECONDARY TUITION 2009-2010**

Day care or private elementary and secondary tuition expenses for a younger sibling of a college student may affect a family's ability to contribute to the cost of higher education. In addition, independent students may need help with the cost of day care expenses incurred during the academic year. The Financial Aid Office may consider these expenses when evaluating the need for financial aid. However, families and students must realize that financial aid funds are limited and programs have statutory annual limits per student. The Financial Aid Office may not be able to offer additional funds.

Name of TU Student (please print: last, first, mi)

TU ID

COMPLETE:

- **SECTION I** if you are a parent of a dependent Towson University student and have private or secondary school tuition expenses for a younger sister or brother of the student. The Financial Aid Office may consider expenses paid in 2008 if the sibling will enroll in a private school for the upcoming 2009-2010 school year.
- **SECTION II** if you are the parent of a dependent Towson University student and have day care expenses for a younger sister or brother of the student. The Financial Aid Office may consider expenses paid in 2008 if the sibling will continue to receive day care during the upcoming 2009-2010 school year.
- **SECTION III** if you are an independent student and have day care expenses for a child who is your legal dependent and a member of your household. The Financial Aid Office may consider expenses for the 2009-2010 academic year.

**SECTION I: VERIFICATION OF PRIVATE ELEMENTARY &
SECONDARY TUITION**

To be completed by authorized official of private elementary or secondary school.

Name of school:	
Address of school:	
Name of private school student (last, first, middle initial):	
Date of birth:	Social Security Number:
Will student named above enroll for the 2009-2010 school year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of private school student (last, first, middle initial)	
Date of Birth:	Social Security Number:
Will student named above enroll for the 2009-2010 school year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total tuition paid for student(s) named above in calendar year 2008 (do not include any unpaid outstanding balance):	
Amount paid by parent: \$_____	
Amount paid by scholarship, grant, or tuition waiver: \$_____	
Amount paid by third party: \$_____	
Certification: I certify that the information stated above is true and correct according to school records.	
Signature of school official:	
Date:	
Printed name of school official:	
Telephone number of school official:	

Affix School Seal Here

SECTION II: VERIFICATION OF DEPENDENT DAY CARE EXPENSES

To be completed by licensed day care provider or official of licensed day care center.

Name of provider or day care center:	
License Number:	
Address of provider or day care center:	
Name of child in day care (last, first, middle initial):	
Child's date of birth:	Social Security Number:
Will you provide day care for the child named above in 2009? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of child in day care (last, first, middle initial):	
Child's date of birth:	Social Security Number:
Will you provide day care for the child named above in 2009? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total day care expenses paid for child or children named above in calendar year 2008 (do not include any unpaid outstanding balance):	
Amount paid by parent: \$ _____	
Amount paid by Purchase of Care (POC): \$ _____	
Maryland Department of Rehabilitation Services (DORS): \$ _____	
Amount paid by third party: \$ _____	
CERTIFICATION: I certify that the information stated above is true and correct according to school records.	
Signature of provider or authorized official:	
Date:	
Printed name of provider or authorized official:	
Telephone number of provider or authorized official:	

**SECTION III: VERIFICATION OF DEPENDENT DAY CARE EXPENSES
FOR DEPENDENT OF STUDENT**

To be completed by licensed day care provider or official of licensed day care center.

Name of provider or day care center:	
License number:	
Address of provider or day care center:	
Name of child in day care (last, first, middle initial):	
Date of birth:	Social Security Number:
Will you provide day care for the child named above in 2009? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of child in day care (last, first, middle initial):	
Date of Birth:	Social Security Number:
Will you provide day care for the child named above in 2009? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total day care expenses for child or children named above in calendar year 2009-2010 (do not include any unpaid outstanding balance from previous terms):	
Student will pay: \$_____	
Purchase of Care (POC) will pay: \$_____	
Maryland Department of Rehabilitation Services (DORS) will pay: \$_____	
Amount that third party will pay: \$_____	
CERTIFICATION: The information stated above is true and correct according to provider or day care center records.	
Signature of provider or authorized official:	
Date:	
Printed name of provider or authorized official:	
Telephone number of provider or authorized official:	