

CHILD CARE ASSESSMENT SHEET 2024-2025

(Student I.D. #) (Last		Name)	(First Name)	_
I give permission	on for the Financial Aid	Office to release info	ormation on my income a	nd financial aid.
	ent Signature) OMPLETED BY THE	FINANCIAL AID	(Date) OFFICE with a copy of	your tax return
Students with in		within guidelines be	Tax Year: clow are considered to be rates.	
	Number in Household 1 2 3 4 5 6 7 8 Each Additional Member, add INFANTS AND TO PRESCHOOLERS \$		5.13 PER HOUR	
	(Financial Ai	d Signature)	/	(Date)
NONE OF THE	ABOVE :(Financial Ai	/	/ (Date)	