



Office of Financial Aid

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Student Name (Last, First) Student ID Number

2024-2025 Childcare Expenses Worksheet

Section A: To be completed by student

Name of Child Receiving Services
Child's Date of Birth

I give permission to Name of childcare provider to provide the information requested

below to the Office of Financial Aid regarding my dependent listed. I acknowledge Stephens College will consider a \$5,000 maximum allowance for the first child, \$2,500 per additional child, and no more than a maximum of \$10,000 per year for out-of-pocket childcare payments.

Student Signature Date

Section B: To be completed by childcare provider

Weekly childcare fee for child named above
Amount subsidized by scholarship or state/federal assistance programs
Weekly fee amount paid by parent
First Date Enrolled

Stephens College reserves the right to require additional documentation. A Financial Aid Administrator may verify amounts listed.

I certify that all the above information is accurate to the best of my knowledge as of this date.

Print name of childcare provider Telephone Number

Signature of provider Date

For Stephens College Use Only:
Weekly Allowance \$
X 16 weeks (one semester)
X 32 weeks (academic year)
X 8 weeks (summer)
Fall 2024: \$
Spring 2025: \$
Summer 2025: \$