



2024-2025 Childcare Information

MANHATTAN AREA TECHNICAL COLLEGE

Federal Financial Aid regulations allow colleges and universities to include an allowance for dependent childcare expenses in the student's cost of attendance. Generally, the allowance is for independent students who have dependent children living with them. The allowance covers daycare expenses the student may incur during class time, study time, internships, etc.

With the inclusion of childcare expenses, the student's total cost of attendance will increase. This increase may affect the loan eligibility of the student, possibly allowing the student to borrow a greater amount in subsidized, unsubsidized or alternative loans. It may also allow the student to receive more grant/scholarship funding from outside sources. If you wish to have your cost of attendance increased to allow for childcare costs, please list below the children aged 12 and under for whom you will be paying childcare expenses.

Student Information

Last Name First Name M.I. Social Security Number Date of Birth

Address City State Zip (____) _____

Phone number

Independent Student's Childcare Information to Be Verified

I or my spouse, if married, will pay childcare expenses in the 2024-2025 academic year. I have indicated below the name(s) of the children for whom expenses will be paid. Please only include amounts paid by your household, do not include amounts paid by other resources (i.e., DCF, Raising Riley, other childcare supplements, etc.)

Amounts actually paid (area median expenses will be used as a cap) will be used to adjust the cost of attendance which may increase a student's potential financial aid.

Name of Child	Age of Child	Expected monthly expense

Attach documentation for actual amounts paid by you for a minimum of a three-month period. Documentation may include:

- Daycare/preschool agreement or documentation
- A statement from the individual receiving payment received
- Copies of the childcare payment checks or money order receipts

Certification and Signatures

By signing this worksheet, I certify that all the information reported on this worksheet to qualify for Federal student aid is complete and correct. The student must sign and date.

Student's Signature Date

Please return form to:
 Manhattan Tech
 Attn: Office of Financial Aid
 3136 Dickens Avenue
 Manhattan, KS 66503
[Secure File Upload](#)

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 Only: _____ Date Received _____ Date Entered in PF _____ Date Sent to COD _____ Initials