

OFFICE OF FINANCIAL AID

P.O. Box 10 Peru, NE 68421 402-872-2228 | Fax: 402-872-2419 onestop@peru.edu

Pride • Excellence • Resilience • Unity

23-24 Daycare Expense Appeal

Student Name	NUID		
Cell Phone	Email Address		
	ttendance budget used	d to determine your financial aid ncial Aid Office.	lass or class related activities can deligibility. Please complete the
Child's Name	Age	Amt Paid (Fall term) (Aug 2023-Dec 2023)	Amt Paid (Spring term) (Jan 2024-May 2024)
Ciliu s Name	Age	(Aug 2023-Dec 2023)	(Jan 2024-Iviay 2024)
Report ONLY the amount vo	u pay for dependent ca	are while you are attending clas	s or class related activities.
		·	
CHILD CARE EXPENSES: (Chec	•	•	
Attached is a copy of my care I pay a total of \$			
OR			
The care provider completes	information below:		
Care Provider Name (please print)	Address		
Care Provided from/ t	:hrough/ / Amc	ount Charged \$ per we	ek/month/flat rate (circle one)
		vided during the period August 2023	
named on the top of this form. I	-		through way 2024 for the student
·	•	_	
Des tides Classes		Dhara	Date
Provider Signature		Phone	Date
Signature: Signing this form certifi	es that all the information rep	orted on it is complete and correct.	
Student Signature			Date
PLEASE RETURN TO: Peru Si	tate College One Stop	Office (Fax, Email, myPSC Upload, US r	nail: address above)
		n on this worksheet, you may be fined	

For Office Use FA Form

34APDC

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