Office of Financial Aid
Central Washington University

Dependent Care Allowance (DCA)

A. Student Information

Your cost of Attendance may be increased if your dependent children live with you

Parent 1 Last Name	First Name	MI	CWU Student ID #

Parent 1 Last Name	First Name	MI	CWU Student ID #

B. List the Dependents

Full Name	Age	Relationship	Name of Care Provider	Phone Number of Care Provider

☐ Check here if you want to be considered for an additional loan.

C. Income Protection Allowance

☐ Check here if you do not have dependent care expenses you pay to another party but you desire to have your file reviewed to determine if household income meets the definition of insufficient to cover basic subsistence costs such as food and shelter for dependents.

D. Student Certification

I certify that this information is true and complete to the best of my knowledge.

Student Signature _____ Date _____