



Office of Financial Aid

2019/2020 CHILD/OTHER DEPENDENT CARE COST APPEAL

Student Name _____ Student ID _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Federal regulations authorize the Financial Aid Administrator to exercise professional judgment on a case-by-case basis in situations where added child care or other dependent care costs may place a hardship on a family's ability to contribute to the cost of education. Please answer the following questions so that your special circumstances can be considered.

Name of Relative	Age	Relationship	Child Care Expense (Annual)	Adult Dependent Care Expense (Annual)	Total 2017 Annual Expense

ATTENTION APPLICANT: Attach all required documents to this completed form and return to the Financial Aid Appeals committee.

Required Documents:

- Statement indicating from what sources you financed the above expenses
- Copy of 2017 Federal Tax Return Transcript
- Receipts of 2017 expenses

1000 Galvin Road South
Bellevue, NE 68005-3098

For questions please contact Bruin Support Services at 402-293-2000 or 1-800-756-7920 or by email at

BRUINSupportServices@bellevue.edu

Fax (402) 557-5425