BALL STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID LUCINA HALL 245 MUNCIE IN 47306

2012-13

☎Office Operator: (765) 285-5600☎1-800-227-4017

PLEASE PRINT

STUDENT NAME:		BSU ID#	
Child or Elder Care			
offile of Liect Oate			
f you will have child care or elder care expensived in educational activities like attendinamount paid and other information requesteafter any portion paid by an outside agency.	ng class, stu d below. Or	dying or commuting, provide the mont ly report the amounts that are out-of-p	hly
Name	Age	Relationship to student	
Monthly Amount \$			
Name	Age	Relationship to student	
Monthly Amount \$			
Name	Age	Relationship to student	
Monthly Amount \$			
The information you have provided will be repeated to your budget. If you have not be from the subsidized and unsubsidized Feder noreased and you will be notified.	orrowed the r	naximum amount for which you are eli	
certify that the information provided is o	complete an	d accurate.	
Student's signature:		Date	_