

# UNT | DALLAS™

## Financial Aid & Scholarships

### 2026-2027 Dependent Care Expense

#### SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
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#### SECTION B: ANTICIPATED ATTENDANCE

Please indicate the term(s) for which you will be paying for dependent care expenses:

Fall 2026 AND Spring 2027  Fall 2026 Only  Spring 2027 Only  Summer 2027 Only

#### SECTION C: DEPENDENT INFORMATION

Please list the people in your household for whom you, **the student**, will pay dependent care expenses accrued while you are in classes for the 2026-2027 school year. Please attach documentation (i.e., daycare expenses/receipt) for each dependent listed.

Full Name of Dependent	Age of Dependent	Relation to Student	Documentation Attached
			<input type="checkbox"/>

#### SECTION D: CERTIFICATION

I certify that all the information contained on this form is complete and correct. I also certify that the expenses reported above are for dependent care expenses accrued while I am attending my classes for the 2026-2027 academic year. I understand that I must sign and return this form for my financial aid to be processed.

**Electronic signatures are not accepted.**

Student Signature

Date

X

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***Return this completed form with any required documentation to:***

*Office of Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd., Dallas, TX 75241  
or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untallas.edu](mailto:financialaid@untallas.edu)*