



## Financial Aid & Scholarships 2026-2027 Dependent Care Expense

### SECTION A: STUDENT INFORMATION

Name:	UNT D 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"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<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@untdallas.edu](mailto:financialaid@untdallas.edu)