



Office of Financial Aid

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Student Name (Last, First)	Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2025-2026 Childcare Expenses Worksheet

Section A: To be completed by student

Name of Child Receiving Services	
Child's Date of Birth	

I give permission to _____ to provide the information requested
Name of childcare provider

below to the Office of Financial Aid regarding my dependent listed. I acknowledge Stephens College will consider a \$5,000 maximum allowance for the first child, \$2,500 per additional child, and no more than a maximum of \$10,000 per year for out-of-pocket childcare payments.

Student Signature

Date

Section B: To be completed by childcare provider

Weekly childcare fee for child named above	\$ _____
Amount subsidized by scholarship or state/federal assistance programs	\$ _____
Weekly fee amount paid by parent	\$ _____
First Date Enrolled	

Stephens College reserves the right to require additional documentation. A Financial Aid Administrator may verify amounts listed.

I certify that all the above information is accurate to the best of my knowledge as of this date.

Print name of childcare provider

Telephone Number

Signature of provider

Date

For Stephens College Use Only:

Weekly Allowance \$ _____

X 16 weeks (one semester)

X 32 weeks (academic year)

X 8 weeks (summer)

Fall 2025: \$ _____

Spring 2026: \$ _____

Summer 2026: \$ _____