

RETURN TO:

GOLDEN WEST COLLEGE
FINANCIAL AID OFFICE
15477 Golden West Street
Huntington Beach, CA 92647-2748
Website: www.gwc.info/fao
Telephone: (714) 895-8394 Fax: (714) 895-8997
Hours: Monday thru Thursday: 8am-7pm Friday: 8am-3pm
(Contact us for revised office hours during school breaks.)

2006-2007

Name of Financial Aid Applicant *(Please print)*

Last First Middle

Social Security Number: _____ - _____ - _____

DEPENDENT CARE VERIFICATION FORM

I certify that I pay \$_____ monthly/weekly *(circle one)* for _____ hours to _____ for dependent care

(name of dependent care facility/child care agency/babysitter)

services rendered for the following _____ dependents _____
(number) (name of dependent 1) (age)

(name of dependent 2) (age)

(name of dependent 3) (age)

I hereby authorize the Financial Aid Office to verify the above information:

Signature of Applicant

Date

TO BE COMPLETED BY DEPENDENT CARE FACILITY/CHILD CARE AGENCY/BABYSITTER

I certify that the following dependent care costs are paid by the student and/or private or publicly funded dependent care services:

Resource	Amount Subsidized by Resources	Amount Paid by Student
CalWORKs	\$_____ per week/month <i>(circle one)</i>	\$_____ per week/month <i>(circle one)</i>
Other (specify): _____	\$_____ per week/month <i>(circle one)</i>	\$_____ per week/month <i>(circle one)</i>

Agency/Babysitter (type or print)

Number and Street Address

City

State

Zip

(_____) _____
Area Code/Telephone Number

Signature: Agency Representative/Babysitter

Date

Dependent Care Facility/Child Care Agency/Babysitter Comments:

Signature

Date