

WESTERN WYOMING COMMUNITY COLLEGE DEPENDENT CHILD CARE FORM

Last Name	First Name	MI	Student ID
Address	City	State	Zip
			Phone Number

List below only those dependents for which you **must pay** dependent child care expenses in order to attend class. For dependents over the age of 11, please explain on the back of this form why dependent care is required.

NAME	AGE

If more room is needed, please continue on the back of this form.

Will an outside entity be paying for your child care? (Example: WIA, TANF, etc.)

Yes	No
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Please check if you do NOT pay for dependent childcare.

Student Signature	Date
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Please return form to:
Western Wyoming Community College
Financial Aid Office
2500 College Drive
Rock Springs, WY 82901
307-382-1643