

# Change Form

**Financial Aid Office**  
 1933 Fort Vancouver Way  
 Vancouver, WA 98663-3598  
 (360) 992-2153 FAX (360) 992-2864  
 finaid@clark.edu

INSTRUCTIONS: Please fill out this PDF form online. Since electronic submission of the forms is currently not available, we recommend mailing, faxing to 360-992-2864, or delivering the form to the Financial Aid Office. Use the "TAB" key to move from one field to another. After filling out the form, print it, then sign and date the bottom of the page (where it asks for a signature). After it has printed OK, click on the button labeled "Clear all data", to remove all information before closing this form.

**Print clearly using black or blue ink**

**Students are limited to 3 changes per academic year**

Student ID Number <b>9 4 0 - -</b>	Social Security Number <b>- -</b>
Last Name	First Middle Initial

- Wish to be considered for Work-Study
- Wish to DECLINE \_\_\_\_\_

For Office Use Only

**Please indicate your plans for each of the quarters**

**Academic Year**

- Will NOT be attending     Summer     Fall     Winter     Spring    \_\_\_\_\_
- Will be attending         Summer     Fall     Winter     Spring    \_\_\_\_\_
- Graduation Date from Clark College is \_\_\_\_\_
- Wish to increase loan amount to \$ \_\_\_\_\_
- Other

## Dependent Care Allowance

You may be eligible for the Dependent Care Allowance (DCA). To receive the DCA this year you must document with this form that dependent care expenses are needed.

Care is defined as assistance for which the student pays another person (someone outside of the student's household) to provide for their dependent(s). If your youngest child is over 11 years old, please explain on this form why you have childcare expenses. We reserve the right to require additional documentation.

I pay out-of-pocket child care expenses of approximately \$ \_\_\_\_\_ per quarter. I certify that my childcare expenses are not covered by another agency or entity and my child care provider is not in my household.

Child care provider's name		
Street address		
City	State	Zip
Telephone number		

Child's name	Age
Child's name	Age
Child's name	Age
Child's Name	Age

**All students must sign to certify that the information presented on this form is true and correct.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Clark College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, gender expression, creed, disabled veteran status, marital status, and Vietnam-era veteran status in its programs and activities.

