

# Change Form

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

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

If requesting the Dependent Care Allowance (DCA), please fill out the bottom portion of this form only.

**Print clearly using black or blue ink**

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

**Please indicate ALL requested changes:**

**Academic Year**

I will NOT be attending:  Summer  Fall  Winter  Spring \_\_\_\_\_

I will be attending:  Summer  Fall  Winter  Spring \_\_\_\_\_

I wish to DECLINE : \_\_\_\_\_

I wish to be considered for Work-Study:  Yes  No

My graduation Date from Clark College is \_\_\_\_\_

|                     |
|---------------------|
| For Office Use Only |
|---------------------|

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, political affiliation, creed, disabled veteran status, marital status, honorably discharged veteran or Vietnam-era veteran status in its programs and activities.