UNIVERSITY of WASHINGTON
BOTHELL

INFORMATION UPDATE
CHILDCARE ASSISTANCE PROGRAM

Student Name:_____
(last) *(first)* *(middle initial)*

Last Four Digits of Student SSN: XXX – XX - _____ **UW Student ID #:** _____

I am applying for the following application period:

Application Quarter: _____ Application Year: _____

1. STATEMENT AND/OR UPLOAD ELECTRONIC DOCUMENTS

You may use this form to send our office additional information to be used to update your Childcare Application. To submit additional information, you may provide either a statement below and/or attach documentation.

2. STUDENT CERTIFICATION AND SIGNATURE

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.

Student Name:_____

Student Signature: _____ Date:_____

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Website: http://www.uwb.edu/financialaid ● Email: uwbfaid@uw.edu