

- A Child Care Budget Adjustment Request form must be submitted for each new academic year.
- You must be registered for classes before submitting this form.
- Child care costs will not be considered for children over the age of twelve (12) or beyond sixth grade.

STUDENT NAME: _____ SSN or Student ID# : _____

ADDRESS: _____ PHONE: _____

CITY STATE: _____

FALL _____ SPRING _____ SUMMER _____

 STUDENT IS EMPLOYED: Full-time Part-time Student is not currently employed

STUDENT'S EMPLOYER: _____

SPOUSE NAME _____ SPOUSE SSN or Student ID#: _____

 SPOUSE IS EMPLOYED: Full-time Part-time Spouse is not currently employed

SPOUSE'S EMPLOYER: _____

 SPOUSE IS ENROLLED STUDENT: Full-time Part-time Spouse is not currently a student

NAME OF CHILD: _____ AGE/GRADE: _____

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NAME OF CHILD: _____ AGE/GRADE: _____

NAME OF CHILD: _____ AGE/GRADE: _____

CHILD CARE EXPENSE: For children listed above, per week: \$ _____

 I receive child care assistance from other sources: Yes No Amount of weekly assistance: \$ _____

I understand that the financial aid office may choose to discuss the information on this form with my child care provider.
If request is approved, I request federal subsidized and/or unsubsidized loans up to my annual loan limit.

STUDENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE CHILD CARE PROVIDER:

CHILD CARE IS PROVIDED BY:

NAME: _____ PHONE NUMBER _____

ADDRESS: _____

I hereby certify that I provide child care for the above named student and children listed. I also certify that the cost of said child care is accurate as stated above.

PROVIDER'S SIGNATURE _____ DATE: _____