

CHILD _____

Ferris State University Office of Scholarships & Financial Aid

2023-2024 BUDGET ADJUSTMENT REQUEST- CHILD CARE

DOCUMENTS MAY BE SUBMITTED VIA U.S. MAIL, FAX, OR SECURE UPLOAD. TO UPLOAD DOCUMENTS: LOG INTO MyFSU, STUDENT TAB, FINANCIAL AID ICON, and SELECT "SECURE DOCUMENT UPLOAD" ICON. EMAILED DOCUMENTS ARE NOT SECURE AND CANNOT BE ACCEPTED.

FSU Office of Scholarships & Financial Aid
1201 S. State Street, CSS 101, Big Rapids, MI 49307
Phone: 231 598-8210 Fax: 231 591-2950
Email: finaid@ferris.edu

(DO NOT EMAIL DOCUMENTS)

Kendall College of Art & Design
17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616 451-2787 Fax: 616 831-9689
Email: kcadfinaid@ferris.edu

- 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: _____ Student ID#: _____
ADDRESS: _____ PHONE: _____
CITY, STATE, ZIP: _____ E-MAIL: _____

FALL _____ SPRING _____ SUMMER _____

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

STUDENT'S EMPLOYER: _____

CO-PARENT NAME _____

CO-PARENT IS EMPLOYED: Full-time ☐ Part-time ☐ CO-PARENT is not currently employed ☐

CO-PARENT'S EMPLOYER: _____ CO-PARENT's Student ID#: _____

CO-PARENT IS ENROLLED STUDENT: Full-time ☐ Part-time ☐ CO-PARENT is not currently a student ☐

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 authorize the Financial Aid Office 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 must sign this form in ink.

Electronic or typed signatures are NOT acceptable.

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:** _____

FOR OFFICE USE ONLY

Comments: _____ Approved: _____ Denied: _____

Approved By: _____ Date: _____