

CHILD _____

Ferris State University Office of Scholarships & Financial Aid

2024-2025 BUDGET ADJUSTMENT REQUEST- CHILD CARE

Documents MAY ONLY be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload" icon. EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.

FSU Office of Scholarships & Financial Aid
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Email: finaid@ferris.edu

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

(DO NOT EMAIL DOCUMENTS)

- 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:

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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: