

2017-2018 CHILD/DEPENDENT CARE ADDITIONAL EXPENSE APPEAL

Student UCM ID _____

Student Full Name _____
First Name
Last Name
M.I.

SECTION 1

Please use this form to request an increase in your Cost of Attendance due to child/dependent care expenses. If this is approved your loan funds will be increased if loan eligibility remains. You must provide documentation of expenses by having your child care provider(s) complete SECTION 1 of this form. All students must complete SECTIONS 2 and 3 and attach proof of payments. This can be done by providing copies of cashed checks or billing statements.

CHILD CARE EXPENSE VERIFICATION (To be completed by child care provider. Please indicate whether rate is hourly or weekly)

Child's Name	Date of Birth	# of hours of care per month	Rate	Hourly	Weekly	Total Monthly Fee	Subsidy
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Date child care began or will begin: _____ ending date: _____

Print Child Care Provider's Full Name _____ Phone Number _____

Providers familial relationship to child/children: _____

As a child care provider for this student's child/children, I certify that the above stated information is true and correct to the best of my knowledge.

Child Care Provider Signature: _____ Date _____

Please complete the following steps: SECTION 2

1. Create your own personal budget online through Cash Course: budget.cashcourse.org. Print out a copy of your budget which you will need to complete Step 2.
2. Complete Financial Awareness Counseling online at studentloans.gov. After completing online, print out a copy of your confirmation page to submit with your appeal.

SECTION 3

I am submitting the following additional expenses for:

Subsidized Loan Unsubsidized Loan

I will accept up to _____ additional loan (specify amount or "maximum").

STUDENT CERTIFICATION

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities.

Student Signature _____ Date _____