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## 2020-2021 CHILD/DEPENDENT CARE ADDITIONAL EXPENSE APPEAL

Student UCM ID								
Student Full Name								
First N		Last Name						
		SECTION 1						
funds will be increased if complete Section 1 of thi providing copies of cashe	quest an increase in your loan eligibility remains. \ s form. All students must ed checks or billing staten	ou must provide docume complete Sections 2 and nents.	entation of e I 3 and attac	expenses b h proof of	y having payment	your child care s. This can be o	e provider(s)	
CHILD CARE EXPENSE	VERIFICATION (To be	· · · · · · · · · · · · · · · · · · ·	ider. Please ind	dicate wheth	er rate is h			
Child's Name	Date of Birth	# of hours of care per month	Rate	Hourly	Weekly	Total Monthly Fee	Subsidy	
Date child care began or	will begin:	ending date:						
			Phon	ne Number				
Print Child Care Provider's F	ull Name		FIIOI	ie Number				
Providers familial relationsh	nip to child/children:							
As a child care provider for knowledge.	or this student's child/chil	ldren, I certify that the ab	ove stated ir	nformation	is true aı	nd correct to tl	ne best of my	
Child Care Provider Signature:			Date					
Please complete	the following steps:	SECTION 2	<u>.</u>					
need to complete Step 2.	areness Counseling onlin				. ,	,	·	
		SECTION 3	3					
☐ I am submitting the f	following additional expe	nses for:						
☐ Subsi	dized Loan 🔲 Un	nsubsidized Loan						
I will accept up to		of additiona	l loan funds	(specify do	ollar amo	unt or "maxim	um").	
		STUDENT CERTIFIC	CATION					
	nformation reported on the or misrepresentation will rities.							
Student Signature								