

2022-2023 Child/Dependent Care Additional Expense Appeal

Student UCM ID _____

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

Section A: Instructions

Use this form to request an increase to your financial aid budget due to child/dependent care expenses. If approved, additional loan funds will be the only funding available. Please have your child care provider(s) complete Section B of this form. You, the student, must complete Section C and Section D, and attach copies of cashed checks or billing statements. We will notify you of our decision by e-mail.

Section B: Child Care Expense Verification *To be completed by child care provider*

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

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: _____

Provider's 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 _____

Section C: Loan Increase Request *To be completed by student*

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

Section D: 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

We cannot accept a typed signature. Please sign this form with a drawn signature.