



2024-2025 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

Table with 8 columns: Child's Name, Date of Birth, # of hours of care per month, Rate, Hourly, Weekly, Total Monthly Fee, Subsidy. Includes checkboxes for Hourly and Weekly care.

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.