



OFFICE OF FINANCIAL AID

2020-2021 Dependent Care Budget Form

Name: _____ UMID: _____

1. A Dependent Care Budget Adjustment Request Form must be submitted for each new academic year.
2. You must be registered for classes before submitting this form
3. 3. Dependent care costs will not be considered for dependent over the age of twelve (12) or beyond sixth grade unless special circumstances require care (health/medical).

Student is attending classes: Full-time Part-time

Name of Dependent	Age

Dependent care expense: For dependents listed above per week: \$ _____

I receive dependent care assistance from other sources: YES NO

Amount of weekly assistance: \$ _____

I understand the Office of Financial Aid may choose to discuss the information on this form with my dependent care provider. If request is approved, I request Federal Subsidized and/or Unsubsidized Loans up to my annual loan limit.

Signature: _____ Date: _____

TO BE COMPLETED BY THE DEPENDENT CARE PROVIDER:

Dependent care is provided by:

Name: _____ Phone Number: _____

Address: _____

I hereby certify that I provide dependent care for the above named student and dependent(s) listed. I also certify that the stated cost of said dependent care is accurate as stated.

Provider Signature: _____ Date: _____