



**2017-2018  
EOF CHILDCARE GRANT APPLICATION AND  
BUDGET ADJUSTMENT REQUEST FORM**

The University of Kansas  
Financial Aid & Scholarships  
[affordability.ku.edu](http://affordability.ku.edu)

KU Visitors Center  
1502 Iowa Street  
Lawrence, KS 66045

Phone: 785-864-4700  
Fax: 785-864-5469  
Email: [financialaid@ku.edu](mailto:financialaid@ku.edu)

The EOF Childcare Grant is available to students who are the custodial parent of children in daycare ages five and under and not yet in kindergarten. Recipients must be enrolled in at least 6 hours on the Lawrence campus (online-only programs are not eligible). Awards are contingent upon available funding. Students must have a complete 2017-2018 Free Application for Federal Student Aid (FAFSA) on file to be considered for an EOF Childcare Grant. Access the FAFSA at [fafsa.gov](http://fafsa.gov).

International students must submit the ISNAW to be considered for the EOF childcare grant application and budget adjustment request. The 2017-2018 ISNAW is available online at [affordability.ku.edu/forms](http://affordability.ku.edu/forms).

Equal priority will be given to all applications received by **October 6, 2017**. All applicants will be notified via email of the results by October 31, 2017. Childcare costs will be added to your estimated cost of attendance.

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**I. STUDENT INFORMATION** (incomplete or inaccurate information may delay the processing of this request):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ KUID Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you interested in receiving additional loans (if eligible)?  Yes  No

Hours of Enrollment: Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_ **Note:** If you exclude expected Spring 2018 enrollment, you will be considered for a Fall 2017 award only.

Academic Status:  Graduate  Undergraduate

Employment Status:  Unemployed  Employed, Hours per week? \_\_\_\_\_

Marital Status:  Married  Single (unmarried, separated, divorced, widowed)

\_\_\_\_\_  
**STUDENT'S SIGNATURE** **DATE**

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**II. SPOUSE INFORMATION** (required, if applicable):

Spouse's Name \_\_\_\_\_

Spouse's Employment Status:  Unemployed  Employed, Hours per week? \_\_\_\_\_

Is your spouse enrolled in college?  Yes  No If yes, where? \_\_\_\_\_

If yes, list number of hours: Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_

\_\_\_\_\_  
**SPOUSE'S SIGNATURE** (required, if applicable) **DATE**

**III. CHILD INFORMATION:**

Name(s)

Birth date(s)

Age(s)

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How often does your child (or children) live with you?       7 days/week       3-6 days/week       Fewer than 3 days/week

Do you have any children in kindergarten?       Yes       No

Do you have any children enrolled in an after-school care program?       Yes *List below.*       No

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**IV. CHILDCARE PROVIDER INFORMATION** (if you have more than two providers, please attach an additional copy of this page):

**CHILDCARE PROVIDER #1**

**CHILDCARE PROVIDER #2** (if applicable):

Childcare Provider Name	Childcare Provider #2 Name
Childcare Provider City, State	Childcare Provider #2 City, State
Childcare Provider Phone Number	Childcare Provider #2 Phone Number

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**THIS INFORMATION MUST BE COMPLETED BY THE CHILDCARE PROVIDER(S)**

CHILDCARE PROVIDER #1				CHILDCARE PROVIDER #2 (if applicable)			
Child Name(s)	Date Enrolled	Hours in care/week	Cost Per Month	Child Name(s)	Date Enrolled	Hours in care/week	Cost Per Month

**CHILDCARE PROVIDER #1**

Does the family receive scholarships, SRS, or other daycare support for any children?

Yes

No

If yes, how much per month? \_\_\_\_\_

**HOW MUCH PER MONTH DOES THE FAMILY PAY TO THIS INDIVIDUAL?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Childcare Provider #1 Signature**

\_\_\_\_\_  
**Date**

**CHILDCARE PROVIDER #2 (if applicable)**

Does the family receive scholarships, SRS, or other daycare support for any children?

Yes

No

If yes, how much per month? \_\_\_\_\_

**HOW MUCH PER MONTH DOES THE FAMILY PAY TO THIS INDIVIDUAL?** \_\_\_\_\_

\_\_\_\_\_  
**Childcare Provider #2 Signature**

\_\_\_\_\_  
**Date**

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**V. Verification of Information**

The student has two options for verifying the information provided in the Childcare Grant Application and Budget Adjustment Request:

- a. Student must have completed form notarized by a Notary Public (see below for directions), OR
- b. Provide written statement on official Childcare provider letterhead explaining nature of fee schedule and how many hours per week the child attends. Proof of payment by student is also required, and can be submitted by providing a copy of Childcare provider billing schedule, receipt, or other method of payment. Please attach all documentation when submitting the completed Childcare Grant Application and Budget Adjustment Request form.

**TO BE COMPLETED BY STUDENT AND NOTARY PUBLIC:**

**Student must present complete Childcare Grant Application and Budget Adjustment Request and valid identification to a Notary Public. By signing this document before a notary public, the student is asserting that all information is accurate and true. The Childcare provider DOES NOT need to be present in order for student's signature to be notarized.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ Personally appeared before me,

(check one) \_\_\_\_\_ who is personally known to me OR \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_, to be the signer of the above instrument.

Notary Public \_\_\_\_\_ residing at \_\_\_\_\_. My commission expires \_\_\_\_\_