**SUMMER 2016**  
**CHILDCARE BUDGET ADJUSTMENT REQUEST FORM**

| The University of Kansas Financial Aid & Scholarships affordability.ku.edu | KU Visitor Center 1502 Iowa St Lawrence, KS 66045 | Phone: (785) 864-4700 Fax: (785) 864-5469 Email: financialaid@ku.edu |

Childcare Budget Adjustments are available to KU students who are the custodial parents of children currently in the care of a childcare provider. If you indicate an interest in being awarded additional loans on this form and you have remaining federal loan eligibility, you will be awarded additional loans. You may also consider private or alternative loans if you have reached your loan limits for the academic year.

I. **STUDENT INFORMATION:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>KUID Number</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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<th>Phone</th>
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Are you interested in receiving additional loans (if eligible)?  
☐ Yes  ☐ No

Hours of Enrollment:  
Summer 2016

Academic Status:  
☐ Graduate/Law  ☐ Undergraduate

Employment Status:  
☐ Unemployed  ☐ Employed; how many hours/week?  

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

**STUDENT’S SIGNATURE**  
_________________________________________  
DATE  

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

Spouse’s Name  

Spouse’s Employment Status:  
☐ Unemployed  ☐ Employed; how many hours/week?  

Is your spouse enrolled in college?  
☐ Yes  ☐ No  Where?  

If yes, list number of hours:  
Summer 2016

**SPOUSE’S SIGNATURE** (required, if applicable)  
_________________________________________  
DATE
III. CHILD INFORMATION:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Birthdate(s)</th>
<th>Age(s)</th>
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How often does your child (or children) live with you?

- [x] 7 days/week
- [ ] 3-6 days/week
- [ ] Fewer than 3 days/week

Do you have any children in kindergarten?

- [x] Yes
- [ ] No

Do you have any children enrolled in an after-school care program? *If yes, please include in list below.*

- [x] Yes
- [ ] No

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

**CHILDCARE PROVIDER #1:**

<table>
<thead>
<tr>
<th>Childcare Provider Name</th>
<th>Childcare Provider City, State</th>
<th>Childcare Provider Phone Number</th>
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**CHILDCARE PROVIDER #2 (if applicable):**

<table>
<thead>
<tr>
<th>Childcare Provider Name</th>
<th>Childcare Provider City, State</th>
<th>Childcare Provider Phone Number</th>
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**THIS INFORMATION MUST BE COMPLETED BY THE CHILDCARE PROVIDER(S)**

FAS staff may contact childcare providers to verify this information.

<table>
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<tr>
<th>Name(s)</th>
<th>Date Enrolled</th>
<th>Hours in care/week</th>
<th>Cost Per Month</th>
<th>Name(s)</th>
<th>Date Enrolled</th>
<th>Hours in care/week</th>
<th>Cost Per Month</th>
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**CHILDCARE PROVIDER #1**

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

- [x] Yes
- [ ] No

If yes, how much per month? _________________

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

______________________________

Childcare Provider #1 Signature Date

The following section must be completed by a Notary Public: (Verifying signature of daycare Provider #1)

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 __________
The following section must be completed by a Notary Public: (Verifying signature of daycare Provider #2)

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 ____________

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 ____________

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 ____________