



SUMMER 2018 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. You may submit a request through the last week of summer classes. Childcare costs will be added to your estimated cost of attendance and you will be notified via your KU student email account

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:

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: Summer 2018 _____

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 _____

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

If yes, list number of hours: Summer 2018 _____

SPOUSE'S SIGNATURE (required, if applicable)

DATE

III. CHILD INFORMATION:

Name(s)

Birthdate(s)

Age(s)

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

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

FAS staff may contact childcare providers to verify this information.

CHILDCARE PROVIDER #1

CHILDCARE PROVIDER #2 (if applicable)

Name(s)	Date Enrolled	Hours in care/week	Cost Per Month	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

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 Budget Adjustment Request form.

TO BE COMPLETED BY STUDENT AND NOTARY PUBLIC:

Student must present complete Childcare 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 _____