



**2017-2018  
CHILDCARE 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)

Students must be the custodial parent of the child in daycare and be enrolled at least half time. Students must submit the 2017-2018 Free Application for Federal Student Aid (FAFSA) at [fafsa.gov](http://fafsa.gov) and have a complete financial aid file.

Students who are not eligible to complete the FAFSA must complete the Institutional Student Need Analysis Worksheet (ISNAW) instead. The 2017-2018 ISNAW is available online at [affordability.ku.edu/forms](http://affordability.ku.edu/forms).

You may submit a request any time during the academic year. Please complete the form in its entirety. Childcare costs will be added to your estimated cost of attendance and you will be notified via your KU Student Email Account when the adjustment is complete.

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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 your 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 \_\_\_\_\_