



**2009-2010
CHILDCARE BUDGET ADJUSTMENT
REQUEST FORM**

The University of Kansas Office of Student Financial Aid www.financialaid.ku.edu	Strong Hall 1450 Jayhawk Blvd., Room 50 Lawrence, KS 66045-7535	Phone: (785) 864-4700 Fax: (785) 864-5469 Email: financialaid@ku.edu
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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/alternative loans if you have reached your loan limits for the academic year. If you are attending KU during the Summer 2010 term, a separate budget adjustment request must be submitted to the OSFA. The Summer 2010 form will be available in May at the end of the Spring 2010 semester.

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)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hours of Enrollment:	Fall 2009 _____	Spring 2010 _____	Note: If you exclude your expected Spring 2010 enrollment, you will <u>only</u> be considered for a Fall 2009 award
Academic Status:	<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergraduate	
Employment Status:	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed; how many hours/week? _____	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> 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: Fall 2009 _____ Spring 2010 _____ **Note:** If you exclude your expected Spring 2010 enrollment, you will only be considered for a Fall 2009 award

SPOUSE'S SIGNATURE (required, if applicable)

DATE

III. SON/DAUGHTER INFORMATION:

<u>Name(s)</u>	<u>Birthdate(s)</u>	<u>Age(s)</u>
_____	_____	_____
_____	_____	_____

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 No *If yes, please include in list below.*

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

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)

The information provided must be accurate as of August 31, 2009 or later and OSFA staff will 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

<p style="text-align: center;">CHILDCARE PROVIDER #1</p> <p>Does the family receive scholarships, SRS, or other daycare support for any children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how much per month? _____</p> <p>HOW MUCH PER MONTH DOES THE FAMILY PAY TO THIS INDIVIDUAL? _____</p> <p>_____ Childcare Provider #1 Signature Date</p>	<p style="text-align: center;">CHILDCARE PROVIDER #2 (if applicable)</p> <p>Does the family receive scholarships, SRS, or other daycare support for any children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how much per month? _____</p> <p>HOW MUCH PER MONTH DOES THE FAMILY PAY TO THIS INDIVIDUAL? _____</p> <p>_____ Childcare Provider #2 Signature Date</p>
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Comments: _____