



Financial Aid Request for At Home Child Care Allowance 2019-2020

You are requesting an adjustment to your cost of attendance. This adjustment is based upon your spouse being unable to work in order to provide care for your child/children within your custody. *If approved, the standard allowance will be \$700 per month regardless of the number of children in the household.*

You must be able to demonstrate that your family would suffer a financial hardship if your spouse worked and had to pay for child care. Please provide the information requested below.

SECTION A: STUDENT INFORMATION

Name: _____ Student ID#: _____

SECTION B: ANTICIPATED ATTENDANCE

Indicate the term(s) YOU WILL BE ENROLLED when your spouse will be staying home to provide child care.
Summer 2019 Fall 2019 Spring 2020

SECTION C: DEPENDENT INFORMATION

Please list YOUR dependents that your spouse will be caring for during the 2019-2020 aid year. The dependents must have been included in your household size on your 2019-2020 FAFSA.

Child's Full Name	Age	Child's Full Name	Age

Children should be 12 years of age or under unless there is an extenuating circumstance.

Explanation of financial hardship if spouse worked outside of the home. Please include estimated cost of child care if your spouse were to work outside the home.

SECTION D: CERTIFICATION

All information provided is true and complete to the best of my knowledge. If requested by an authorized official, I agree to provide additional documentation necessary to verify my request. I certify that I have read and understand the requirements above.

Student's signature

Date

Spouse's signature

Date