



## **Students Requesting an Allowance for Daycare Expenses**

Federal regulations permit the Financial Aid Office to increase a student's educational budget by creating an allowance for costs incurred for dependent daycare. The amount should not exceed reasonable cost in the community for the kind of care provided. In order to be eligible for the allowance, it is important for students to understand the following terms and conditions:

1. The allowance for dependent daycare expenses is to enable the student to attend classes.
2. The dependent for whom the allowance is requested must be included in the student's household size as reported on the financial aid application and must be residing with the student. To be reported on the financial aid application, a dependent must receive over fifty percent of their support from the student.
3. The dependent day care expense allowance may only be approved for the student actually paying the expense. Both parents of a two-student household may NOT use the same allowance.
4. The student will provide information about the age and birth date of the dependent.
5. If approved, the dependent day care expense allowance will be met with student loans that must be repaid. Because annual or semester loan limits restrict eligibility for loans, students who have borrowed to their annual or semester limit will not be eligible for the allowance.
6. If approved, the additional loan amount will be credited to your Bursar's Statement of Account and pay any charges due. The Bursar's Office will process any credit balance on your account and a deposit will be made into your bank account that you have set up with the Bursars Office. The disbursement could be less than the amount of your allowance if a portion of the loan is used to pay charges on your account.

# DAYCARE EXPENSE FORM

## Section A: To be completed by the student and returned to the Springfield Financial Aid Office

Printed Name \_\_\_\_\_ DAWG Tag \_\_\_\_\_

I request the Financial Aid Office at Southern Illinois University School of Medicine to add the following daycare expense to my financial aid budget to cover: Daycare Expenses

This request is to be added for the following semester(s):

Fall                  Spring                  Summer

Dependent's Name	Date of Birth	Care Provider	Address of Care Provider

**WARNING: IF THIS FORM IS TO BE USED IN THE PROCESS OF ESTABLISHING ELIGIBILITY FOR FEDERAL STUDENT AID FUNDS, YOU SHOULD KNOW THAT INTENTIONALLY FALSE STATEMENTS OR MISREPRESENTATION MAY SUBJECT THE FILER TO A FINE OR IMPRISONMENT, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.**

I (We) certify that all of the information on this form is complete and correct. I (We) understand that both parents cannot request a dependent day care expense allowance for the same dependent(s).

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section B: To be completed by the daycare provider.

DAY CARE OR PROVIDER'S STATEMENT: The provider should complete this statement as accurately as possible.

Period Care Provided From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

I confirm that the expected dependent daycare expenses I have listed above are an accurate projection of expected dependent daycare expenses and are not being paid for by any source other than the student.

Printed Name \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_