

**Southern Illinois University School of  
Medicine Packaging Policy  
Dependent Care Allowance**

Students who have a dependent child will be allowed to request additional funds to help with that child's expenses provided the following criteria have been met.

1. Student is a single student parent or the other parent is not employed.\*
2. Child is living with student or student is required by law to provide some type of child support.
3. Child is under the age of 18 and has not completed high school.
4. If both parents are students, only one student may claim the dependent care allowance.
5. The amount of Dependent Care Allowance will be:
  - a. Student with one child -- \$200 per month during enrollment period
  - b. Student with two or more children will be allowed an additional \$100 per month per child.
6. If approved, the dependent care allowance will be met with financial aid that in most cases will need to be repaid. Because annual and aggregate loan limits apply, the student may need to borrow more from the GradPLUS loan. If the student does not qualify for federal financial aid because of the annual and/or aggregate loan limits and that student does not qualify for private loans because of credit problems, dependent care allowance figures will not be met by the financial aid office.
7. If approved the additional amount will be credited to the student's Bursar's Account. The Bursar will process any credit balance and a refund will be sent to the student's bank account that was set up with the Bursars Office for refunds. The refund will be less than the amount of the allowance due to the loan having fees associated with it.

\* Students who have a working spouse or significant other, will be allowed to add reasonable day care costs to their budget but will not be eligible for dependent care allowance. In the case of a single parent household or where both parents are students, then both the dependent care and day care expenses may be claimed by one of the students.

**Southern Illinois University School of Medicine  
Request for Dependent Care Allowance Budget Increase**

Before the Financial Aid Office can determine the dependent care allowance, the student must provide the following information: (Be sure to complete all sections.)

|                              |             |                       |
|------------------------------|-------------|-----------------------|
| <u>Name of Dependent(s):</u> | <u>Age:</u> | <u>Date of Birth:</u> |
| _____                        | _____       | _____                 |
| _____                        | _____       | _____                 |
| _____                        | _____       | _____                 |
| _____                        | _____       | _____                 |

I want to apply for this allowance for: (Check all that apply.)

Fall Semester                      Spring Semester                      Summer Semester

If the dependent is from a two-student household, provide the name of the other parent/student:

Name: \_\_\_\_\_

**WARNING: If this form is to be used in the process of establishing eligibility for federal student aid funds, you show know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both under the provisions of the United States Criminal Code.**

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

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