

THE UNIVERSITY OF ILLINOIS AT CHICAGO

UIC

College of Medicine

Office of Student Financial Aid (M/C 782)
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2008-2009 BUDGET INCREASE APPEAL

CHILD CARE COSTS

Federal regulations permit the **University of Illinois at Chicago College of Medicine Office of Student Financial Aid (COM OSFA)** to adjust a student's budget *providing* the COM OSFA adheres to strict guidelines for documenting such adjustments. To request an increase, a student must file this Appeal Form. If this appeal is successful, the student's budget will be increased. This information sheet has been created to assist students. It by no means incorporates all situations *or* details all documentation the COM OSFA may request. It is merely a guide and is subject to change.

Students who incur child care expenses for their legal dependent child(ren) under the age of eleven while they are in classes or studying may be eligible to increase their student budget. **Please Note:** *an increase to a student's budget for child care costs will only increase the student's eligibility for loans---not for grant or scholarship funds.*

INSTRUCTIONS:

Complete this form in its entirety and be sure to include supporting documents (such as, receipt(s), certifications, etc), if instructed to do so.

Print Name

UIN

E-mail

Marital Status: Unmarried Married

If you have legal dependents (children, grandchildren, etc.) under the age of 11 and you would like to be considered for a budget increase, you must do the following:

Required documentation

- complete the table below
- obtain the Child Care Provider's certification that the information listed in the table is correct
- submit copies of **three months of canceled checks** (front and back) made payable to the Child Care Provider

Note: In order to ensure that we are in compliance with the federal regulations, we agreed to collect three months of canceled checks. While we understand this is an inconvenience, we truly believe this will be extremely beneficial to our students.

Child Care Costs for 2008-2009

Name(s) of Legal Dependent Child(ren)	Age(s)	Monthly Child Care Costs	Number of Months
		\$	
		\$	
		\$	

Certification of Child Care Provider

I, the undersigned, certify that the above-named student pays the amount(s) listed for the child(ren) indicated.

Signature of Child Care Provider

Telephone number

Name of Day Care

*If provider's certification **and** three months of canceled checks payable to the Child Care Provider is not submitted, this form will **not** be processed.

Limitations

- ✓ **Married Students:** If the student is married, total child care expense will be divided in half.
- ✓ **Approved Child Care Expenses:** The U.S. Department of Education very clearly states that a student's budget may only be increased for expenses related to the supervision of the child while the student is in classes or studying. Expenses that may be incorporated include:
 - Babysitting Costs
 - Day care (or night care)
- ✓ **Unapproved Child Care Expenses:** The U.S. Department of Education prohibits the COM OSFA from increasing a student's budget for other living expenses related to the upbringing of a child. Expenses that are prohibited include but are not limited to the following:
 - Diapers
 - Crib/Changing Table
 - Formula/baby food
 - Camp

NOTE: A student may use federal funds to cover the cost of Child Care expenses. Since appeals to the Student Budget result in increased borrowing limits, it is most important that students who file an appeal are aware of their overall indebtedness and the impact of repayment. COM OSFA encourages students to minimize reliance on loans and to consider the consequences of borrowing by projecting the percentage of expected monthly income that will be devoted to loan repayments. Students should always maintain accurate records of loans received and have a full sense of their current total educational debt. Generally speaking, loan repayments should not exceed 15 percent of net income.

CERTIFICATION OF STUDENT

All of the information on this form is true and complete to the best of my knowledge. I know I may have to provide further information if necessary. If my financial situation/circumstances changes from what I have reported here, I agree to notify the Office of Student Financial Aid.

Student's Signature

Date

Important Deadline Dates

This appeal and all required documents must be submitted no later than the following:

Fall Semester: November 3, 2008

Spring Semester: April 6, 2009

Summer Semester: June 30, 2009

Contact the College of Medicine Office of Student Financial Aid if there are any questions about *this 08-09 Budget Increase Appeal.*

Revised 03/27/2008