The University of Mississippi

Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848

Dependent Child Care Adjustment Form
2015-16

This form is used to request an increase to your Cost of Attendance (COA) for child-care expenses paid for the student’s dependent child(ren). Complete this form and return it to the Office of Financial Aid along with the birth certificate of each dependent listed. The period for which dependent care is required includes, but is not limited to, class time, study time, field work, internships, and commuting time. An adjustment form must be submitted for each new academic year. A student should be registered for classes before submitting this form. Based on the local, community, prevailing rate, increases cannot exceed $650 per month per child. If married, childcare costs must be divided equally between student and spouse. Only independent students are eligible for this increase.

Section I. To be completed by student (please print):

STUDENT LAST NAME ___________________ STUDENT FIRST NAME ___________________ STUDENT MIDDLE NAME ___________________
OLE MISS STUDENT NUMBER ___________ LOCAL TELEPHONE NUMBER __________________ OLE MISS EMAIL ADDRESS @go.olemiss.edu

Please check the appropriate box indicating your student status:

_____ Undergraduate/Pharmacy (EE 1-3/PY1) _____ Graduate/ Law/ Pharmacy (PY2-PY4)

Select the term(s) for which you are requesting this COA increase: ___ Fall 2015 ___Spring 2016 ___Summer 2016

Please answer the following questions about your spouse’s employment and student status, if applicable:

Spouse’s Name (if married): ________________________________________________
Spouse is employed: Full time ( ) Part-time ( ) Not currently employed ( )
Spouse is student: Full time ( ) Part-time ( ) Not currently a student ( )

Please provide the following information about your child(ren):

Child’s name: ___________________ Age: ________ Relationship: ___________
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If approved, increased eligibility will be funded up to the maximum Federal Direct Loan eligibility. If you intend on using a Direct PLUS Loan, Direct Graduate PLUS Loan or a private (alternative) loan for these additional expenses, please check here [ ] . If your scholarships have been reduced, please indicate so by checking here [ ] .

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Section II. TO BE COMPLETED BY THE CHILD CARE PROVIDER, OR ATTACH AN INVOICE FROM THE CHILD CARE PROVIDER (Attach child care invoice, receipts, or cancelled checks).

Name of Child Care Provider: ____________________________
Address: ____________________________________________ Phone: ________________________
Child Care Provider’s relationship to student: ___________________ Hours of care provided per week: ___________
Cost per week: $___________ Did the above named child(ren) enroll in your daycare on or before August 25, 2015?
Yes ( ) No ( ). If you answered no, please indicate date child(ren) enrolled: ________________

I hereby certify that I provide child care for the above named student and children listed. I also certify that the quoted cost of child-care is accurate as stated.

Provider’s Signature: ____________________________ Date: ____________________________