



Rec'd by: _____
Date: _____

FAO Action: _____
By: _____
Date: _____

The University of Mississippi

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

Phone: 1-800-891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu

Dependent Child Care Adjustment Form 2016-17

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). Please access the following link for more information about Cost of Attendance: <http://finaid.olemiss.edu/cost-of-attendance/>. 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. 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.** Child-care costs are assumed to be divided equally between the student and the other parent/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 indicate your student status: _____ Undergraduate/Pharmacy (EE 1-3/PY1) _____ Graduate/Law/Pharmacy (PY2-PY4)

Select the period of enrollment for which you are requesting this COA increase:
____ Fall 2016/Spring 2017 _____ Summer 2017 (*Summer is considered separate from Fall and/or Spring.*)

Please complete the following items about the other parent (if unmarried), or spouse (if married):

Other parent's/spouse's name: _____ Other parent/spouse resides with student: ____yes ____no
Other parent's/spouse's employment status: _____ Full time _____ Part-time _____ Not currently employed
Other parent's/spouse's college enrollment status: _____ Full time _____ Part-time _____ Not currently enrolled
Other parent's/spouse's college (if a student): _____

Please provide the following information about your dependent 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 **Child-Care Provider** (*Please attach child care invoice, receipts, cancelled checks, etc.*):

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, 2016?
____ 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:** _____