



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

Dependent Child Care Adjustment Form 2020-21

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 and receipts from childcare provider**. 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 OLE MISS STUDENT NUMBER

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 2020/Spring 2021** ___ **Summer 2021** (*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	Child's Age	Relationship to Student	Is student Reimbursed for Childcare Expenses (Partial/All)? If yes, list source and amount

Student's Signature: _____ **Date:** _____

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.

STUDENT LAST NAME

STUDENT FIRST NAME

OLE MISS STUDENT NUMBER

Section II. To be completed by **Child-Care Provider** (*Please attach child care invoice, receipts, cancelled checks, etc.*):

Name of Child-Care Provider:		
Provider's Address/Phone Number:		
Hours of care provided per week:		
Cost per week:		
Did the above-named child(ren) enroll in your daycare on or <i>before</i> August 24, 2020?	Circle Answer: Yes or No	If no, list date child(ren) enrolled:
Child-Care Provider's relationship to student:		

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

Provider's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (do not write below this line)

Child Care Adjustment Calculation:

Dependent child cost per month/per child _____ x _____

Total cost per month times months/weeks enrolled _____ x _____

Divide by 2 parents _____ / 2

Divided by # of semesters _____ / _____

Adjusted Cost of Attendance = _____