



Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_

# The University of Mississippi

FAO Action: \_\_\_\_\_  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

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 2019-20

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 2019/Spring 2020 \_\_\_\_\_ Summer 2020 (*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: \_\_\_\_\_  
Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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, 2019?  
\_\_\_\_ Yes \_\_\_\_ No. If you answered no, please indicate date child(ren) enrolled: \_\_\_\_\_

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: \_\_\_\_\_