

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, 2021?	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:** _____

Please indicate one of the following:

If approved, you will be awarded Federal Direct Student Loans up to your annual eligibility. If you are at your annual Federal Direct Student Loan max and want to use a Direct PLUS Loan (Parent PLUS for dependent undergraduates or Graduate PLUS for graduates/professional student) you must indicate so by checking here:

If you intend to use an alternative (private) loan for these additional expenses, please check here:

If your scholarships have been reduced, you must indicate so by checking here:

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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 = _____