



**Section II.** To be completed by **Child-Care Provider** (*Please attach childcare 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 childcare services for the student and children listed above. I also certify that the quoted cost of childcare is accurate as stated.*

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (\*actual wet signature, not a digital one)

**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 intend to borrow 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 borrow 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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**FOR OFFICE USE ONLY (do not write below this line)**

***Childcare 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 = \_\_\_\_\_