Dependent Childcare Adjustment Form
2024-2025

This form is used to request an increase to your Cost of Attendance (COA) for childcare expenses paid for the student’s dependent child(ren). Complete this form and return it to the Office of Financial Aid along with the birth certificate of each dependent listed and receipts from the 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 $750 per month per child. Childcare costs are assumed to be divided equally between the student and the other parent/spouse. Only independent students are eligible for this increase. Increasing your COA to include costs for dependent childcare does not guarantee that you will have remaining eligibility available to increase the amount of financial aid offered to you for the academic year.

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 2024/Spring 2025 _____ Summer 2025 (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/spouse’s name: ___________________________ Other parent/spouse resides with student: ___yes ___no
Other parent/spouse’s employment status: __________ Full time __________ Part-time __________ Not currently employed
Other parent/spouse’s college enrollment status: __________ Full time __________ Part-time __________ Not currently enrolled
Other parent/spouse’s college (if a student): ___________________________

Please provide the following information about your dependent child(ren):

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Age</th>
<th>Relationship to Student</th>
<th>Is student Reimbursed for Childcare Expenses (Partial/All)? If yes, list source and amount</th>
</tr>
</thead>
</table>

I certify that the information submitted to support this request is true and complete to the best of my knowledge. I understand that I must adhere to the conditions articulated in the policy above and will not again be eligible to receive a budget increase for the care of my child while enrolled in classes.

Student’s Signature: ___________________________ Date: ___________________________

(*actual wet signature, not a digital one)

Office of Financial Aid | 257 Martindale-Cole Student Services Center | P.O. Box 1848 | University, MS 38677
Phone: 1-800-891-4596 | Fax: 662-915-1164 | Email: finaid@olemiss.edu
Section II. To be completed by Childcare Provider (*Please attach childcare invoice, receipts, cancelled checks, etc.):

| Name of Childcare 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 before August 26, 2024?         |
| Circle Answer: Yes or No If no, list date child(ren) enrolled:                               |
| Childcare 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 a graduate/professional student at your annual Federal Direct Student Loan max and intend to borrow a Graduate PLUS loan, 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 previously reduced, you must indicate so by checking here: ❏

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  = ________________