

CC/INS19

CHILDCARE/INSURANCE COA INCREASE REQUEST FORM 2018/2019

Student's First Name:	UMMC ID (i.e.300123456)
Student's Last Name:	Phone Number:
Student's Date of Birth:	Program/Year:

Financial aid budgets reflect a student's estimated educational expenses, or cost of attendance (COA), for a period of enrollment. COA adjustments are considered for certain circumstances only and some restrictions apply. **ALL decisions are FINAL.**

CHECK SPECIAL CIRCUMSTANCE...	THEN SUBMIT REQUIRED DOCUMENTS...
<input type="checkbox"/> Dependent Care Expenses – Costs as a direct result of your attendance at UMMC for the academic year 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 childcare form must be submitted for each new academic year. A student should be registered for classes before submitting this form. All students requesting a COA Increase for Childcare will be selected for verification. You may request that Childcare expenses be added to your Cost of Attendance if: <ul style="list-style-type: none"> You are a single parent FAO will approve 100% of reasonable, documented expenses. Your spouse/other parent residing in household is either a full-time student, or is employed outside of the home for a minimum of 30 hours per week, FAO will approve 50% of reasonable, documented expenses. • FAO will determine eligibility on a case-by-case basis.	Letter from Child Care Provider (on letterhead) stating: <ul style="list-style-type: none"> Name of Child Care Facility Address Owner/Manager Name Phone Number License # Relationship to student Cost Per Week Hours Per Week Care Provided Enrollment Date Discounts Given, if yes, list amount List Name of child/dependent and age Weekly Cost, including any discounts for additional child(ren) If you are using a non-licensed in-home provider, you MUST provide a <u>notarized</u> statement and attach receipts or canceled checks.
<input type="checkbox"/> Family Insurance Premium: for married students with family insurance to provide coverage of children/spouse.	<ul style="list-style-type: none"> Copy of payment receipt OR Copy of current bill/student account displaying family insurance coverage charge

Authorization to increase Stafford Loans:

In the event that a COA adjustment is approved, if the student has remaining Stafford loan eligibility, by signing this form, the student authorizes the Financial Aid Office to process additional Stafford loan funds to the fullest value possible. I acknowledge that by signing this form, I am authorizing the request for additional Stafford loan eligibility.

Student Signature: _____ Date: _____