

ATTENTION STUDENTS WITH CHILDREN

This form must be completed if you, the student, have legal dependents for which you must pay childcare during the 2018-2019 academic year and you wish to have an allowance added to your student budget. You must complete and return this form to the Financial Aid Office. **You must provide documentation of these expenses.** A statement from your daycare provider is required. This statement alone is not sufficient. Return this form and documentation of expenses to the Financial Aid Office.

CERTIFICATION OF CHILD CARE PAYMENT

| | | | |
|--|--|------------------------------|-----------------------------|
| Student's Name: | | SSN: | |
| Address: | | City: | |
| State: | | Zip: | Phone: |
| Is spouse a student and enrolled at least ½ time? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Spouse's Name: | | Spouse's SSN: | |
| Number of children for whom you pay childcare: | | Age(s) of child(ren) | |
| Amount of childcare to be paid per month for number of months in 2018-2019 academic year only: | | | |
| **I certify the above information is true and correct** | | | |
| Signature: X | | Date: | |
| If this allowance increases your student loan eligibility, do you want an additional loan processed? | | | |
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| If you said yes, and you have not reached your max yearly eligibility, you will receive a new award notice for the increased amount. | | | |
| Return this form and statement from Daycare Provider to: | | | |

University of Kentucky College of Medicine
Financial Aid Dept.
800 Rose Street, MN104-J
Lexington, KY 40536-0298
Phone: 859-257-1652 or 859-323-6653
Fax: 859-323-4094