

ATTENTION STUDENTS WITH CHILDREN

This form must be completed if you, the student, have legal dependents for which you must pay childcare during the 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 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-B
Lexington, KY 40536-0298
Phone: 859-257-1652 or 859-562-2397
Fax: 859-323-4094