

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2023-2024 Request for Budget Adjustment- Child Care

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

If you feel the amounts in your Cost of Attendance (COA) listed on your Financial Aid Notification do not accurately reflect your current situation, you may be eligible to have your COA re-evaluated. If your financial aid eligibility changes upon review of the documentation submitted, you will be notified accordingly. Annual and aggregate loan limits restrict eligibility for federal loans. Therefore, if your request is approved and you have reached your loan limits, only your eligibility for Federal Graduate PLUS and/or private loans may be affected. In addition, any aid adjustments may be divided equally between Fall and Spring terms.

Section B – Child Care

For a student with dependents, an allowance for costs expected to be incurred for dependent care may be included in your COA. This covers care during periods that include but are not limited to, class time, study time, fieldwork, internships, and commuting time for the student.

Documentation required: Three (3) months of consecutive payments for Fall/Spring term(s) and one (1) month for the Summer term (no earlier than May 1st).

- Copies of cancelled checks (front and back)
- Money orders made payable to the child care provider
- Bank statements with child care provider listed (statements must show student’s name)

What is your current marital status: () Single () Married () Separated/Divorced

Note: Monthly expenses are divided equally regardless of marital status.

Name of Legal Dependent	Age	Monthly Babysitting/Daycare Costs	Number of Months*

*Number of months you will be paying child care during the Fall/Spring terms (August 2023—May 2024), Summer term (May 2024—July 2024) would need to be a separate request.

Certification of child care provider

I, the undersigned, certify that the information listed above (name of legal dependents, ages, costs, and number of months) is correct.

Signature of child care provider

Telephone number

If all proper documentation is not submitted, your file will not be reviewed. The date of service or purchase must occur during the 2023/24 academic year (August 2023 - May 2024 for Fall/ Spring, May 2024 – July 2024 for Summer).

Deadline Dates for 2023-2024 Budget Adjustment Appeals:

Fall Term: November 3, 2023 Spring Term: April 5, 2024 Summer Term: July 5, 2024

Documents received after the deadline will not be considered.

Section C – Statement of Certification

I certify that the information provided on this form and any attachments is true and correct. **Signature must be wet or electronic.**

Student Signature: _____ Date: _____

ENTER YOUR 9-DIGIT UIN 

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