## 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

# 2024-2025 Request for Budget Adjustment- Childcare

### Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email	
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#### Section B - Childcare

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 the fall/spring term(s) and one (1) month for the summer term (no earlier than May 1<sup>st</sup>).

- o Proof of payment: money orders, bank statements, canceled checks (front and back)
- O A signed copy from the childcare provider that clearly states the start date, end date, and cost.

What is your current marital status: ( ) Single ( ) Married ( ) Separated/Divorced Note: Monthly expenses are divided equally if the student is married.

Name of Legal Dependent	Age of Child	Monthly Babysitting/Daycare Costs	Required months of childcare

#### **Deadline Dates for 2024-25 Budget Adjustment Appeals:**

Fall Term: November 8, 2024 Spring Term: April 11, 2025 Summer Term: July 5, 2025

### Section C - Statement of Certification

I certify that the informati	on provided on this fo	rm and	l any att	achmer	nts is tru	e and co	orrect.			
Student Signature:			Date:							
ENTER YOUR 9-DIG	IT UIN —									