

**REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE  
CHILD CARE EXPENSES**Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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You may request to increase your Cost of Attendance budget and apply for additional financial aid to assist with child care expenses incurred during periods of enrollment (up to a maximum of \$375 per child per week).

**Information Required:**

- Number of children 12 years of age or younger receiving child care: \_\_\_\_\_
- Number of children with a disability 14 years of age or younger receiving child care: \_\_\_\_\_
- Percentage of child care expenses you are responsible for paying (prior to receiving any benefits/assistance): \_\_\_\_\_%
- Are you or the other parent receiving child care assistance from some other source?

Yes                      No

If yes, please identify the source(s) and amount(s) of assistance you are receiving:

Source: \_\_\_\_\_

Amount: \_\_\_\_\_/week

**Documentation required:**

Documentation from the child care provider of child care expenses incurred by you for your dependent child(ren) during periods of enrollment must:

- Include contact information of the child care facility/provider
- List the name and age of each child receiving the care
  - For each child, indicate the weekly rate you pay and/or will pay
  - Provide the timeframe (dates) each child will receive care

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I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause for cancellation or repayment of my financial aid. I also understand that I may be required to provide proof of payment (i.e., invoices/billing statements showing payments made, cancelled checks, bank statements) for these expenses at the end of each term to document total out of pocket costs incurred.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of St. Thomas | Financial Aid Office, Mail 5007 | 2115 Summit Ave. | St. Paul, MN 55105  
Phone: 651-962-6550 | Email Completed Document to: <https://liquidfiles.stthomas.edu/filedrop/FinancialAidFileDrop>

Financial Aid Office Use Only:

 Approved     Denied

Aid Year: \_\_\_\_\_

Amount: \_\_\_\_\_ Comments: \_\_\_\_\_