

CHILDCARE EXPENSE APPEAL

Academic Year 2009–2010

DIRECTIONS

You must submit your appeal no later than the term deadline given here:

Fall term 2009—November 20, 2009; law and medical only—November 16, 2009

Spring term 2010—April 16, 2010; law and medical only—April 5, 2010

May/summer term 2010—June 25, 2010; law and medical only—May 26, 2010

Your childcare expenses during the 2009–2010 academic year may be considered in determining financial aid eligibility. The maximum allowance is \$2,912 per semester for each dependent for the nine-month academic year. The Office of Student Finance (OSF) will only consider costs incurred while attending the University of Minnesota, Twin Cities, during the *current* academic year.

You **MUST** provide the following required documentation:

1. A written explanation of your situation, including whether the cost is paid in part by another person or agency
2. A statement, contract, or letter from a childcare provider that includes the
 - name, address, phone number, and signature of care provider
 - name(s) of dependent(s) in the provider’s care
 - the expected period of care for each dependent, including start and end dates **during the 2009–2010 academic year**
 - number of hours AND the cost per week for each individual in dependent care
3. Canceled checks or receipts as proof of payment for dependent care

If approved, loans are the only aid that may be increased, provided you have remaining annual loan eligibility.

To complete online, open in Adobe Reader (free at Adobe.com), not a Web browser, to protect your private information. Place the cursor in a field and type. Print each page when completed. Add the required signature(s) in blue or black ink.

Return this form

By mail to:

One Stop Student Services
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant St. SE
Minneapolis, MN 55455-0422

On campus at:

200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
E-mail: helpingu@umn.edu

PART A. Student information

Name (last, first, MI)	University ID	Social Security number
Address (street and apartment or P.O. Box, city, state, ZIP code)		Phone number (include area code)

List the name and Social Security number of any other household member attending the University of Minnesota, Twin Cities. Dependent care expenses can only be added to one family member’s record. Attach an additional sheet of paper, if necessary.

Student name	Social Security number

PART B. Dependent care information

Do you pay for childcare expenses? yes no

If yes, list the name(s) of the dependent(s) who will be in the care of a paid provider. Attach an additional sheet if necessary.

Name of dependent	Age	Relationship	Name(s) of care providers	2009–2010 childcare expenses

PART C. Certification

You must sign this form to certify that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.

Student signature	Date
Spouse/parent signature	Date



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.