Instructions: Select the option that describes your situation.

___I am requesting an amendment to my budget due to child care expenses for the 2016-2017 academic year.

**Required Documentation:**
- Notarized statement that includes number of children, number of hours per week child care required (for travel/class/study related time; not work hours) as well as the name and location of caregiver.
- Statement from caregiver confirming child/children in their care and the hourly/weekly charges.
- Copy of receipts/checks or contract for said care.

___I am requesting an amendment to my budget due to dependent care expenses for the 2016-2017 academic year.

**Required Documentation:**
- Notarized statement that includes name/relationship of the student to the individual requiring dependent care, number of hours per week care required (for travel/class/study related time; not work hours) as well as the name and if relevant, location of caregiver.
- Statement from caregiver confirming individual in their care and the hourly/weekly charges.
- Copy of receipts/checks or contract for said care.

Attach required documentation, sign and submit this form to the nearest Office of Student Financial Aid.

By signing below, I certify that the information reported above is complete and correct:

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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**FINANCIAL AID SECTION**

Budget Adjustment Completed: [ ] Yes [ ] No [ ] Documentation Required

Counselor Signature

Date