



**Florida Atlantic University
Office of Student Financial Aid
Child Care/Dependent Care Budget Request
FORM: REVBUD**

Boca Campus

777 Glades Road
Building SU 80, Room 233
Boca Raton, FL 33431-0991

Davie Campus

3200 College Avenue
Building LA 122
Davie, FL 33314

Jupiter Campus

Office of Financial Aid - SR 134
5353 Parkside Drive
Jupiter, FL 33458

Student Name: _____ Z Number: _____ Aid Year: _____

This form is for students who are requesting an amendment to the budget (cost of attendance) due to childcare or dependent care expenses for the current academic year. In some cases, this may allow the Office of Student Financial Aid to increase a student's aid eligibility. Please note that submitting this form will not guarantee that your financial aid package will be increased.

Please list the names and ages of children or other dependents for whom you pay for care **while you are in class or studying**:

What is the total amount that you pay weekly or monthly for care **while you are in class or studying**? Do not include amounts paid for time while you are working. Please include documentation (either receipt or statement from caregiver confirming amount paid). Additional documentation may be requested.

What are the beginning and end dates (during the current academic year) that care will be provided?

I am attaching the required documentation. By signing below, I certify that the information reported above is complete and correct:

Student Signature

Date

FINANCIAL AID SECTION

Budget Adjustment Completed: Yes No Documentation Required

Counselor Signature

Date