



Florida Atlantic University
Office of Student Financial Aid
Child Care/Dependent Care Revision Request- Budget Change
2009-2010 Academic Year

Boca Campus

777 Glades Road
 Building SU 80, Room 233
 Boca Raton, FL 33431-0991
 Tel: (561) 297-3530

Davie Campus

2912 College Avenue
 Building #49
 Davie, FL 33314
 Tel: (954) 236-1229

Jupiter Campus

Office of Financial Aid - SR 134
 5353 Parkside Drive
 Jupiter, FL 33458
 Tel: (561) 799-8697

Port St. Lucie Campus

500 NW California Blvd.
 Port St. Lucie, FL 34986
 Tel: (772) 873-3301

Website: www.fau.edu/finaid

Name:	SSN ### - ## -
Address:	FAU Z NUMBER Z
	TELEPHONE
	FAU EMAIL

IMPORTANT: This form must be completed and submitted to Financial Aid with all required documents attached. In order to assure timely processing, you must submit material prior to the following deadlines:

11/30/09 for Fall 2009 04/26/2010 for Spring 2010 07/28/2010 for Summer 2010

Instructions: Select the option that describes your situation.

___ I am requesting an amendment to my budget due to child care expenses for the 2009-2010 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 2009-2010 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:

Student Signature	Date
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FINANCIAL AID SECTION

Budget Adjustment Completed: Yes No Documentation Required

Counselor Signature	Date
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