CHLDEP

MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

Post Office Box 6035
Mississippi State, MS 39762-6035
Email: SFADocuments@msstate.edu

2018-2019
Childcare Expense Adjustment

Student's Name _____ **(9 digit) MSU ID** _____

You are requesting that we include the childcare expenses that you pay/paid for your dependent child/children. To be considered, your children must be less than 12 years old, and you must pay the childcare while enrolled in MSU classes (may include class time, study time, fieldwork, internships, and commuting time).

You must submit a new Childcare Expense Adjustment form each year. Adjustment will not exceed the regional average childcare costs.

Please note that an adjustment in your cost of attendance does not guarantee additional eligibility for financial aid

Requirements:

- Student has registered for MSU classes
- Student has completed 2018-2019 FAFSA and listed MSU school code 002423 for results to be sent to MSU
- Student must sign this form
- Childcare provider must sign the Certification statement below

***** Verification of your FAFSA information must be completed <u>before</u> adjustments can be made. Check your eligibility requirements on your MSU MyState Portal to see which documents are required for verification. Also, please regularly check your MSU email to see if you need to submit additional documentation.***

Child's Name	Child's Age	Relationship to Student	Is Student Reimbursed for Childcare Expenses (part/all)? (If yes, list source and amount)

Student Signature _____ **Date** _____

TO BE COMPLETED BY CHILDCARE PROVIDER (for children listed above only)

Childcare Facility Name & Provider Name		
Facility Address /Phone Number		
Did children enroll in your daycare on/before 8/16/2018?	Circle Answer: Yes No	If No, list date children enrolled: Date:
Circle days you provided childcare	Mon Tues Wed Thrs Fri	**Cost per week: $**
Hours childcare provided	(Ex: 8 am – 1 pm)	

I certify that I provide childcare for the children above, and all information listed is true and correct.

Provider's Signature _____ **Date** _____