



EASTERN MICHIGAN UNIVERSITY

Cost of Attendance Adjustments for Family Care Expenses 2007/2008

Student Name (Print) _____ Student EID# _____

•If you are a single parent or married with a working spouse, you may file an appeal to have child care costs incorporated as an addition to your Cost of Attendance, also referred to as your Budget.

•Appeals of this nature must be filed before or during the semester that the Budget Increase is being asked for and do not guarantee an increase in financial aid. Please be aware that students may need to apply for private loans in order to receive funding for the Budget Increase.

•Increases can be asked for a semester at a time or you may appeal for a Fall/Winter Increase or a Spring/Summer Increase. Each increase requires a new appeal and new documentation.

•Increases will be based on the requested documentation provided by you in your appeal but will not exceed a reasonable cost of family care. Reasonable costs are based on an October 2006 survey of local child care providers.

If you would like to appeal for a Cost of Attendance Increase for Family Care Expenses please complete and submit *all* of the following items:

Indicate in which one of the following periods these expenses will occur:

- | | |
|---|---|
| <input type="checkbox"/> Fall only (September 5 – December 20) | <input type="checkbox"/> Spring Only (May 5 - June 26) |
| <input type="checkbox"/> Fall and Winter (September 5 – April 29) | <input type="checkbox"/> Spring and Summer (May 5 – Aug 22) |
| <input type="checkbox"/> Winter Only (January 7 – April 29) | <input type="checkbox"/> Summer Only (June 30 – Aug 22) |

Indicate your planned enrollment in the above semesters: Full time Half time

Attach a letter detailing the *reason* and *times* childcare is needed, as well as your *relationship* to the child(ren) for whom childcare is being provided.

Attach a signed statement from your childcare provider indicating the *names* and *ages* of the child(ren) in childcare, as well as the *times* childcare is being provided and the *charge* for the care.

Certification Statement and Signature: I understand that by signing below I am accepting any financial aid, including Stafford Loans, which I become eligible for as a result of this request.

Student Signature _____ Date _____