



Cost of Attendance Adjustment Request for Family Care Expenses 2009-2010

Office of Financial Aid



Student ID _____ Name _____

Students may request a Cost of Attendance Adjustment for the amount paid towards family care expenses (including child care or nursing care) incurred while a student is attending class or a school related activity. **Please be aware that a Cost of Attendance Adjustment does not guarantee additional financial aid and some students may need to apply for private loans in order to meet these additional expenses.**

Increases will be based on the documentation provided with this appeal, but will not exceed a reasonable cost of family care. Reasonable costs are based on a March 2009 survey of local child care providers.

Increases may be requested on a semester or academic year basis. Indicate in which one of the following periods these expenses will occur and attach appropriate documentation:

- | | |
|---|---|
| <input type="checkbox"/> Fall only (September 9 – December 18) | <input type="checkbox"/> Spring Only (May 3 - June 23) |
| <input type="checkbox"/> Fall and Winter (September 9 – April 23) | <input type="checkbox"/> Spring and Summer (May 3 – Aug 18) |
| <input type="checkbox"/> Winter Only (January 6 – April 23) | <input type="checkbox"/> Summer Only (June 28 – Aug 18) |

- 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.

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

Student Signature _____ Date _____

Communication regarding the outcome of this appeal will be sent to your my.emich email address.