OFFICE *of* FINANCIAL AID

2013-14 Cost of Attendance Adjustments for Family Care Expenses

Student ID ⎸ E   **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. Communication regarding the outcome of this appeal will be sent to your my.emich email address.

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

⬤ Fall only (September 4, 2014 – December 22, 2014)

⬤ Fall and Winter (September 4, 2014 – April 28, 2014)

⬤ Winter Only (January 6, 2014 – April 28, 2014)

⬤ Summer Only (May 5, 2014 – August 26, 2014)

Indicate your planned enrollment in the above semesters: ⬤ Full-time   ⬤ Halftime

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.

Student Signature _____   Date _____