2018-2019 Cost of Attendance Add-On for Child Care Expenses

RETURN This Form with the Requested Documentation to:
UC San Diego Financial Aid and Scholarships Office, MC 0013,
9500 Gilman Drive, La Jolla, CA 92093-0013, by fax to (858) 534-5459

A

PRINT Student’s Last Name First Name Middle Initial UCSD PID Number

☐ Undergraduate  ☐ Graduate - Department: ____________

Student-parents who do not have a stay-at-home spouse are eligible to add on the cost of child care expenses. This information will be verified using your FAFSA data.

My spouse is working full-time at ____________________________
Employer: ____________________________

My spouse is a full-time student at ____________________________
School: ____________________________

My spouse is a stay-at-home parent ____________________________

A. Provide information for dependent children 13 years old or younger, who are residing with you during the academic year. Child care expenses may include the cost of before and after school programs.

<table>
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<tr>
<th>Name of Dependent</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
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B. Child Care Expenses

1. List name of child-care provider and amount paid per month separately for each dependent child:

<table>
<thead>
<tr>
<th>Name of Child Care Provider</th>
<th>Telephone #</th>
<th>Monthly Amount</th>
<th>Name of Child</th>
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2. Attach paid receipts, cancelled checks, billing statements or invoices. If you have previously submitted documented costs to the Financial Aid Office and they will not change for the upcoming year, you may submit a written statement to that effect.

C. Child Care Support or Subsidy

Do you receive outside support (child support or child care subsidy) for child care expenses?

[ ] Yes, I receive outside support for __________________________________________

  PRINT Child’s First and Last Name

  Monthly amount of support $ __________________________

[ ] No, I do NOT receive any outside support for child care expenses.
2018-2019 Cost of Attendance Add-On for Child Care Expenses (Cont’d)

A_______________________

I am requesting a Cost of Attendance Add-On for $_________________ to cover child care expenses (nine-month maximum) which are not included in my standard cost of attendance.

Please indicate what type of funds would best meet your needs:

☐ Federal Work-Study (if funds are available) Amount of $_____________

☐ University Work-Study (if funds are available, Dream Students only) Amount of $_____________ (Must provide copy of Work Authorization)

☐ Loan (if funds are available) Amount of $_____________

I understand the following:

1. The information and documentation provided by me are complete and true to the best of my knowledge.
2. That child care expenses I do not document will not be included and;
3. If I provide a printed itemized estimate, an unpaid billing statement, or other unpaid estimate for child care expenses, I may be selected in an audit; and will be asked to provide proof of my paid child care expenses by submitting a copy of the receipt, cancelled check, or billing statement/invoice. **SAVE COPIES OF YOUR RECEIPTS**

Cost of Attendance Add-On requests must be submitted no later than Wednesday, May 15, 2019 of the current academic year to receive Direct Subsidized/Unsubsidized/PLUS Loans. Submission of a request does not guarantee an approval.

___________________________________ ____________________
Student Signature Date

FAS OFFICE USE ONLY:

Is there a stay at home spouse per FAFSA data? ☐ Yes ☐ No If Yes, Do Not Approve ☐ Denied
☐ Former Foster Youth ☐ Student-Parent

Total amount approved for add-on: $_____________ FAO Counselor: ____________________ Date: ______________

COA Code on EU: CC (Child Care Cost of Attendance Add-On) - Refer to Cost of Attendance Add-On Instructions or Add-On Grid

Loan Period Received: ( ) Fall ( ) Winter ( ) Spring ( ) Summer Enter TU2 data BUDxxxx, EFCxxxx, FAxxxx