

Student's Name: _____

Student ID Number: _____

Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: 785-749-8468
Fax: 785_832-6617

Childcare Budget Adjustment Request Form

Students must be the custodial parent of the child(ren) in daycare and be enrolled at least half-time. Students must submit the 2015-2016 Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ED.GOV and have a complete financial aid file.

You may submit a request anytime during the academic year. Please complete the form in its entirety. Childcare costs will be added to your estimated cost of attendance.

I. Student Information (incomplete or inaccurate information may delay the process of this request):

Student's Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email address: _____

Hours of Enrollment: Fall 2015: _____ Spring 2016: _____

- Note: if you exclude your expected spring 2016 enrollment, you will only be considered for a fall 2015 adjustment.

Employment Status: Unemployed _____ Employed _____ How many hours/week? _____

Marital Status: Married: _____ Single (unmarried, separated, divorced, widowed) _____

Academic Status: Full-time _____ Part-time _____

Student's Signature

Date

II. Spouse Information (required, if applicable):

Spouse's Name: _____

Spouse's Employment Status: Unemployed _____ Employed _____ How many hours/week? _____

Is your spouse enrolled in college? Yes _____ No _____ If yes, where? _____

If yes, list numbers of hours: Fall 2015 _____ Spring 2016 _____

- Note: if you exclude your expected spring 2015 enrollment you will only be consider for a fall 2014 adjustment.

Spouse's Signature (required, if applicable)

III. Son/Daughter Information:

Name(s)

Birth date(s)

Age(s)

Student's Name: _____ Student's ID Number: _____

How often does your child (or children) live with you? 7 days/week _____ 3-6 days/week _____ Fewer than 3 days/week _____

Specify the grade your children are enrolled in: _____

IV. Childcare Provider Information (if you have more than two providers, please attach an addition copy of this page)

Childcare Provider Name	Childcare Provider Name
Childcare Provider City, State	Childcare Provider City, State
Childcare Provider Phone Number	Childcare Provider Phone Number

This Information must be complete by the Childcare Provider(s)
The information provided must be accurate and FAO staff may verify this information.

Childcare Provider #1

Childcare Provider #2

Name(s) of Children	Date	Hours in care/week	Cost Per Month	Name(s)	Date	Hours in care/week	Cost Per Month

Signature _____ Date _____ Signature _____ Date _____