

**• CHILDCARE EXPENSE
• BUDGET ADJUSTMENT REQUEST •**

Student Last Name

First Name

MSU Billings ID

Childcare expenses may be added to a student's estimated cost of attendance (COA) provided no other agency, program, or person is paying or is expected to pay these expenses. By completing this form and attaching the required documentation, the student may request their COA budget be increased. These requests will be reviewed on a case-by-case basis.

Please note: Increasing your budget does NOT give you more financial aid if you are at your limit; however, if you are eligible for more financial aid than the amount of your original COA, then increasing your budget may be able to help you. If you are not sure where you stand, ask a financial aid counselor to check to see if increasing your budget would be of benefit to you.

Instructions

Before we can evaluate your request, you must apply for your state's childcare funding assistance program. As an example, the state agency in charge of the childcare assistance program for Montana is the [Department of Public Health and Human Services- Human & Community Services Division](#). (Note: The time frame for processing applications may vary at these organizations so be sure to work diligently with them to make sure you complete your application correctly.)

After you have applied and received a decision from the state agency, please provide a copy of the notification regarding the amount of state support you will receive for childcare expenses. In addition to this documentation, you will need to provide a copy of a recent bill which shows how much you pay for childcare per month.

Childcare Provider Information

Name of childcare provider: _____

Address: _____ Phone: _____

Name(s) and age(s) of child(ren) needing daycare: _____

Request for Additional Funding

If your budget is increased for childcare expenses, we will do our best to award you the most appropriate means of aid for which you qualify. Please check one or more of the following types of aid you will accept to cover these expenses:

- I request the maximum amount of Federal Student Loans.
- I request an additional \$ _____ in Federal Student Loans.
- I request an additional \$ _____ in Work-Study.
- Other types of aid (description/amount) _____

Self-Certification

Please check the boxes below to certify that:

- I have attached documents to prove that I applied for my state's funding assistance program (ex: HRDC).
- I have attached proof of the monthly amount that I pay for childcare expenses for the child(ren) listed above.
- None of the expenses I claim are covered by another agency, program, or individual.

By signing below I certify that the information provided on this form is accurate. I understand that the Financial Aid Office might not be able to fund the full amount of my request.

Student signature

Date