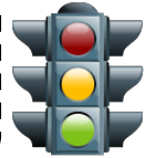




Financial Aid Office
Phone 903-510-2385
Fax 903-510-2794
Email aec@tjc.edu

Check your Financial Aid
Status on Apache Access!
Click on YELLOW lights!



Child Care Budget Adjustment Form

2016-2017

Page 1 of 1

For Office Use Only: CHLDCR

Student Name: _____ **Student ID:** A _____

This application is to be used by independent students to apply for an adjustment to their cost of attendance to account for child care expenses while attending classes, study groups, or labs. Submitting this does not guarantee that your financial aid award will be increased.

Instructions: Do NOT complete this form if your dependent is not currently in child care. List each dependent below & sign form. A child care provider must complete Section B. Incomplete forms will not be processed.

Section A. Dependents in Child Care

Child's Name	Age	Relationship to Student

Limit of 4 dependents.

Total Weekly Child Care Cost _____

I certify by signing this document that all the information on this form is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ **Date:** _____

Section B. Child Care Certification

This section MUST be completed by your child care provider.

(Please Print)

Name of Child Care Center: _____ Phone: _____

Address: _____ City: _____ State: _____

Are the children listed above currently enrolled at this Child Care Center? ☐ Yes ☐ No

I certify by signing this document that all the information on this form is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Provider Signature: _____ **Date:** _____

Provider Printed Name: _____