



**HOWARD COLLEGE – OFFICE OF FINANCIAL AID**

**DEPENDENT CARE COST OF ATTENDANCE APPEAL**

The Financial Aid Office is able to consider requests for Cost of Attendance budget adjustments for the cost of dependent care expenses while a student in school. The increased budget is not guaranteed, and each adjustment is reviewed on a case-by-case basis. You will be notified in writing (e-mail) of the outcome of your request.

\_\_\_\_\_  
**STUDENT NAME**

\_\_\_\_\_  
**STUDENT ID**

In order for the Office of Student Financial Aid to determine eligibility for a COA increase for a child-care allowance, the following information must be completed by the student (Part I) and the student’s dependent care provider (Part 2). Signatures are required.

Maximum Increase:

Birth – 3 years of age	\$5,670 per year
3 years – 5 years of age	\$5,040 per year
5 years +	\$2,430 per year

**PART I: TO BE COMPLETED BY THE STUDENT**

Dependent care is needed for the following semesters during which I will be enrolled (circle all that apply):

Fall                      Spring                      Summer

Please provide as much information as possible below regarding the need for a cost of attendance adjustment for dependent care (use back of this form or attach additional information as needed).

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**Dependent Information**

Name of Dependent	Current Age	Relationship

**PART II: TO BE COMPLETED BY CARE PROVIDER**

Name of Child Care Facility or Provider: \_\_\_\_\_

Phone # of Provider: \_\_\_\_\_

**Childcare Costs:**

Name of Dependent	Weekly Cost*

\*Remember to account for any discounts for additional children. Please leave blank if you do not pay for childcare.

**I attest to the accuracy of the information provided.**

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**

**\*\*Please attach proof of payment for at least one month's worth of care for each dependent. This can be in the form of a canceled check (front and back of check must be provided), cashier's check/money order, credit card receipt, bank statement, etc.**

**Please check the boxes below, indicating that you have read and agree to the following:**

I have submitted all required documentation, and understand that the Financial Aid Office will revise my award, if appropriate, after the appeal has been processed.

I understand that submission of the document does not guarantee a change in my financial aid cost of attendance budget or award.

I understand that I will receive an email notifying me of any change in my Cost of Attendance once this appeal has been processed.

**I attest to the accuracy of the information provided.**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

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**OFFICE USE ONLY:**

**Approved**

**Denied**

Updated Cost of Attendance budget \_\_\_\_\_

Date: \_\_\_\_\_ FAO Initials: \_\_\_\_\_