



# 2007-2008 Childcare Budget Adjustment Request

The University of Kansas  
Office of Student Financial Aid  
www.financialaid.ku.edu

Strong Hall  
1450 Jayhawk Blvd., Room 50  
Lawrence, KS 66045-7535

Phone: 785-864-4700  
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## I. Student Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ 7-digit KUID Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Are you interested in receiving additional loans (if eligible)?  Yes  No

Hours of Enrollment: Fall 2007 \_\_\_\_\_ Spring 2008 \_\_\_\_\_

Academic Status:  Graduate  Undergraduate

Employment Status:  Unemployed  Employed If employed, list # hrs/wk \_\_\_\_\_

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

If you are married, please provide information about your spouse.

Spouse's Name \_\_\_\_\_

Spouse's Employment Status:  Unemployed  Employed If employed, list number of hours per week \_\_\_\_\_

Is your spouse enrolled?  Yes  No

If yes, list number of hours: Fall 2007 \_\_\_\_\_ Spring 2008 \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

**II. Son/Daughter Information:**

Name(s)

Birthdate(s)

Age(s)

How many days of the week does your child (or children) live with you? \_\_\_\_\_

Do you have any children in kindergarten?  Yes  No

**III. Childcare Provider Information:**

Childcare Provider Name

Childcare Provider Address

City

State

Zip

Childcare Provider Phone Number

Childcare Provider email  
(if available)

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**THIS INFORMATION MUST BE COMPLETED BY THE CHILDCARE PROVIDER**

The information provided must be accurate as of August 31, 2007 and OSFA staff will verify this information.

Name(s)

Hours in childcare per week

Total Cost per month

Does the family receive scholarships, SRS, or other daycare support for any children?  Yes  No

If yes, what amount per month? \_\_\_\_\_

**How much per month does the FAMILY pay to this facility/individual?** \$ \_\_\_\_\_  
**Total monthly cost to the FAMILY**

Signature of Childcare Provider

Date

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**Office Use only:** children receiving care: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_