2015-16 Request for Cost of Attendance Budget Increase for Day Care Expenses

Name: ___________________________ WSU ID #: ___________________ Yr in Med School: ________

Date: _______________ Phone: (_____) ___________________ Email: __________________________

You may request the addition of Day Care expenses to your Cost of Attendance. OSFA will approve reasonable documented expenses on a case-by-case basis:

- If you are a single parent, not receiving child support from the other parent OSFA will approve 100% of reasonable documented expenses.
- If you are married/living with the other parent in your household and he/she is a full-time student or employed outside of the home for a minimum of 30 hours per week. OSFA will approve 50% of reasonable documented expenses.

PART I -- To be completed by the day care provider:

1. Name of the day care facility, or provider*: ___________________________ (Please Print)
   (*If you are using a non-licensed in-home provider, you must have this form notarized.)
   a. License # of facility, or provider: ___________________________
   b. Phone # of facility, or provider: ______________________________

2. Name of child/dependent in day care: ____________________________ Weekly cost, including discounts, if any, for additional children/dependents:

   1st: ____________________________ $ ____________________________
   2nd: ____________________________ $ ____________________________
   3rd: ____________________________ $ ____________________________
   4th: ____________________________ $ ____________________________

   $ ____________________________ = Total Weekly Cost

Signature of day care provider: ____________________________ Date: ____________________________
**PART II -- To be completed by the student:**

1. **Student’s marital status:**  a. Single ________  b. Married ________  c. Other ________

2. **Complete if married, or if both of the child’s/children’s parents reside in the same household:**
   a. Spouse’s/Other Parent’s name: ____________________________________________
      (Please Print)
   b. Is Spouse/Other Parent employed for a minimum of 30 hours per week?
      Yes: _________  No: _________
   c. Does Spouse/Other Parent attend school?
      Yes: _________  No: _________
   d. If yes, answer (print) the following: *(Attach a copy of his/her class schedule.)*
      i. Name of institution where enrolled: _______________________________________
      ii. Specify if graduate or undergraduate student: _______________________________
      iii. Expected number of credit hours for each term: fall 2015 _____ winter 2016 _____

3. **Additional financial resources:** (List all sources of non-taxed income or benefits you will receive this academic year such as Family Independence Agency, Work First, Social Security, Child Support, etc.)
   a. Source of Income
      
   b. Monthly Amount Expected
      
   $ __________________
      $ __________________
      $ __________________ = Annual Total

4. **Statement of Understanding:** (Read and initial each line.)
   
   □ I understand that changes in my enrollment status could result in a reduction or cancellation of my award.
   □ I am aware that I must report any changes in dependent care arrangements or enrollment status to OSFA.
   □ I understand that OSFA may request additional documentation before approving this request.
   □ I certify that all information reported on this form is true to the best of my knowledge.
   □ I give permission to the day care provider listed to release the information requested.

5. **Total day care expenses requested as a 2015-2016 Cost of Attendance increase:**
   
   $ __________________

**Signature of Spouse/Other Parent:** ___________________________________________ Date: _________________________

By submitting this document, I am also authorizing WSU to increase in my Federal Direct Unsubsidized Loan/Process Grad PLUS Loan Application to the highest amount possible if a budget adjustment is approved. I understand that to increase the amount of a Federal Direct Grad PLUS Loan, I may be required to complete an application on StudentLoans.gov.

**Student’ Signature:** ___________________________________________ Date: _________________________

Revised 05/2015